

*** NOTE: TO RETURN TO THIS PAGE, CLICK ON THE COUNTY SEAL ***

[CLICK ON HERE FOR THE CHIEF EXECUTIVE OFFICER'S LETTER DATED FEBRUARY 9, 2010](#)

[CLICK ON HERE FOR THE CHIEF EXECUTIVE OFFICER'S REPORT DATED FEBRUARY 19, 2010](#)

[CLICK ON HERE FOR THE CHIEF EXECUTIVE OFFICER'S REPORT DATED JULY 2, 2010](#)

[CLICK ON HERE FOR THE CHIEF EXECUTIVE OFFICER'S REPORT DATED NOVEMBER 5, 2010](#)

[CLICK ON HERE FOR THE CHIEF EXECUTIVE OFFICER'S REPORT DATED FEBRUARY 23, 2011](#)

[CLICK ON HERE FOR THE CHIEF EXECUTIVE OFFICER'S REPORT DATED JUNE 22, 2011](#)

[ÔŠÔSÁON PÒÜÒÁØU ÜÁTHE ÔPÒØÓYÒÔÔWQÒÁÙØØÙÜÙÄÙØUÜVÀÖ/ÒÖÁØÙÜWÄÜYÁÙÉFGÁ](#)

[ÔŠÔSÁON PÒÜÒÁØU ÜÁTHE ÔPÒØÓYÒÔÔWQÒÁÙØØÙÜÙÄÙØUÜVÀÖ/ÒÖÁÙØÙÜWÄÜYÁÙÉFGÁ](#)



County of Los Angeles CHIEF EXECUTIVE OFFICE

Kenneth Hahn Hall of Administration
500 West Temple Street, Room 713, Los Angeles, California 90012
(213) 974-1101
<http://ceo.lacounty.gov>

WILLIAM T FUJIOKA
Chief Executive Officer

February 9, 2010

The Honorable Board of Supervisors
County of Los Angeles
383 Kenneth Hahn Hall of Administration
500 West Temple Street
Los Angeles, CA 90012

Board of Supervisors
GLORIA MOLINA
First District

MARK RIDLEY-THOMAS
Second District

ZEV YAROSLAVSKY
Third District

DON KNABE
Fourth District

MICHAEL D. ANTONOVICH
Fifth District

Dear Supervisors:

RECOMMENDATION TO IMPLEMENT THE RESTRUCTURING OF THE GENERAL RELIEF PROGRAM (ALL DISTRICTS – 3 VOTES)

SUBJECT

On October 6, 2009, your Board approved 27 recommendations to restructure the General Relief (GR) program and enter into Phase Two of the GR Restructuring process. At that time, your Board requested that specific information regarding the recommendations be reported back to the Board.

IT IS RECOMMENDED THAT YOUR BOARD:

1. Approve the implementation plans for the 27 GR Restructuring recommendations approved by your Board on October 6, 2009 set forth in Attachment 1.
2. Instruct the Chief Executive Officer (CEO) and Director of Public Social Services to return to the Board in June 2012 with a report on the implementation and outcomes of the expansion of the GR Housing Subsidy and Case Management Project (Recommended Action No. 5) and recommendations regarding continuation of the expansion of the number of housing subsidies, and not to expand the number of subsidies in effect as of June 2012 without specific authorization by your Board.
3. Instruct the CEO and the Director of Mental Health, together with the Directors of Public Social Services, Health Services, and Public Health to develop a plan using existing resources to the extent available, to integrate services for GR participants who are severely mentally ill, receiving a GR housing subsidy, and pursuing SSI, and report back to the Board within 90 days. This plan shall address the various GR

Restructuring recommendations which are specifically relevant for this population, including but not limited to Recommendations 2, 5, 6, 7, 30, 34, and 36.

4. Instruct the CEO and the Director of Public Social Services, in collaboration with the Board Offices and County Departments, as necessary, to develop two pilot projects to contract with one or more community-based organizations to conduct SSI advocacy for GR recipients in the areas served by the Rancho Park and South Special - Department of Public Social Services (DPSS) offices. The two pilots will utilize different innovative strategies and will demonstrate new approaches to assisting GR recipients to achieve SSI approval based on the initial application. The Rancho Park pilot will utilize a competitive bidding process to select one or more community-based contractor(s) to conduct all SSI advocacy work within the service area. The South Special pilot is described in Attachment 2, and will utilize a competitive bidding process to select one or more community-based contractors to augment the DPSS SSI Advocates in the South Special DPSS office. County staff is to submit the implementation plans for both pilots to the Board for approval within 90 days. The plans shall recommend distinct approaches for each of the pilot offices, not displace any DPSS SSI Advocates, include an evaluation component, and be funded out of the GR anti-homelessness services account with no NCC beyond the funding already dedicated to GR Restructuring. With respect to the Rancho Park pilot, the two existing DPSS SSI advocates would function as liaisons to the Community Based Organization (CBO) contractor(s) and would otherwise be available to provide assistance as requested by the CBO contractor(s).
5. Approve the 15 additional consensus recommendations from the GR Restructuring Workgroup set forth in Attachment 3.
6. Approve the evaluation for GR Restructuring set forth in Attachment 4.
7. Approve the allocation of the remaining \$1.0 million net County cost (NCC) from the \$7.2 million for GR Restructuring included in the Fiscal Year (FY) 2009-2010 DPSS budget, as recommended by the GR Restructuring Workgroup and set forth in Attachment 5.
8. Instruct the CEO to collaborate with impacted departments, as necessary, on FY 2009-10 Appropriation Adjustments and the FY 2010-11 Proposed Budget to implement the GR Restructuring recommendations. No budgeted positions are proposed for FY 2009-10.

Honorable Board of Supervisors
February 9, 2010
Page 3

9. Approve a change of the program name from "General Relief" to "Transitional Assistance and Services Program", as recommended by the GR Restructuring Workgroup and set forth in Attachment 6.
10. Receive and file information on Supplemental Security Income (SSI) advocacy efforts in other jurisdictions and additional information regarding the Phase One GR Restructuring Recommendations, as requested by your Board and set forth in Attachment 7.

PURPOSE/JUSTIFICATION OF RECOMMENDED ACTION

On April 21, 2009, on a motion by Supervisor Knabe, your Board instructed the CEO, in collaboration with DPSS, and consultation with County Counsel, to design a potential GR program that will better assist the more than 84,000 GR participants, with the expectation that more of these individuals would be able to transition off of County assistance. In response, the GR Restructuring Workgroup, consisting of 11 County departments and 10 Stakeholders, was convened. On October 6, 2009, your Board approved 27 recommendations generated by the workgroup and instructed the workgroup to proceed to Phase Two of the GR Restructuring process to create implementation and evaluation plans for the approved recommendations, to consider any remaining recommendations not yet presented to your Board, and to develop new recommendations to restructure the GR Program.

Beginning October 15, 2009, the workgroup met five times to discuss the remaining recommendations to restructure the GR Program, create implementation and evaluation plans for the 27 approved recommendations, and discuss potential new names for the restructured GR program, as directed by your Board on October 6, 2009. At the conclusion of Phase Two, the Workgroup reached consensus on the attached Implementation plans for the 27 approved recommendations (Attachment 1).

On October 6, 2009, your Board approved the expansion of the GR Housing Subsidy and Case Management Project. This project is currently funded as an ongoing part of the Homeless Prevention Initiative, and provides rental subsidies to 900 homeless GR participants. As approved by your Board in Phase One, the number of subsidies would be incrementally expanded through December 2014 until the total number of subsidies reaches 10,000. These subsidies will be provided exclusively to GR participants who are employable and participating in GROW or disabled and pursuing SSI or Veterans' Disability benefits.

The expansion in the number of housing subsidies will be funded through an initial one-time investment of \$3.9 million that is part of the \$7.2 million in one-time funding for GR Restructuring included in the FY 2009-10 DPSS budget. After the initial investment,

Honorable Board of Supervisors
February 9, 2010
Page 4

the expansion will be fully funded through Interim Assistance Reimbursement of GR grant and housing subsidy costs and prospective GR grant savings for homeless GR participants who receive a housing subsidy and then exit GR with employment, SSI, or veterans' disability benefits. When a GR participant secures employment that pays over \$621/month or is approved for SSI, the participant's GR grant and housing subsidy are both automatically terminated.

The current implementation plan projects that 154 new housing subsidies could be added each month based on the reinvestment of these savings; however, if actual savings are less than projected, the addition of new subsidies will be slower than planned. The number of subsidies will only be expanded based on the savings generated by GR participants who receive a housing subsidy and exit GR with work or disability benefits. If those savings are inadequate to support continued expansion, the expansion will be suspended, and the number of subsidies will be controlled to stay within the available funding.

Given the magnitude of this expansion in the number of housing subsidies, it is recommended that your Board review the progress and impact once this expansion and the other aspects of GR Restructuring have been fully implemented. Your Board would determine at that time whether the expansion should continue. Accordingly, we are recommending that the CEO and DPSS return to your Board with a report and recommendations in June 2012, which will be 18 months after implementation of the full set of GR Restructuring Recommendations.

There is a subset of GR participants who are homeless and severely mentally ill. These participants will benefit from receiving a GR housing subsidy, and should generally be able to qualify for SSI, if there is sufficient documentation of their mental disability. However, these participants frequently do not receive ongoing mental health treatment and have difficulty securing the necessary documentation of their disability. Moreover, to realize the maximum benefits from a GR housing subsidy, these participants will often need more intensive case management and greater mental health, health, and/or substance abuse treatment than other GR participants. Therefore, as set forth in Recommendation No. 3, it is appropriate for the departments most involved in providing services to this subset of GR participants to develop a plan to integrate services for this population, which utilizes existing resources and does not require any additional NCC.

One of the primary goals of GR Restructuring is to increase the number of GR participants who qualify for SSI and the percentage of GR participants who are approved at the first step of the SSI application process. Various community-based organizations have experience providing SSI advocacy services to indigent adults, and many community-based organizations provide related services to indigent adults, including health services, mental health services, and/or emergency shelter.

Accordingly, Recommendation No. 4 proposes that the CEO and DPSS work with the Board offices and County departments to craft two pilot projects utilizing the skills and abilities of CBOs. The two projects will each test a distinct approach to the role of the CBO(s). The CEO and DPSS will return to your Board within 90 days to request approval of the pilot plans. In conjunction with the development of the pilot plans, the CEO and DPSS will develop the formal contract solicitation documents, in consultation with Board offices and County Departments, as necessary, with the goal of releasing the contract solicitations as soon as possible following Board approval of the pilot plans.

During Phase Two, the Workgroup discussed the remaining GR Restructuring recommendations and made new recommendations. The Workgroup was able to reach consensus on an additional 15 recommendations to restructure the GR program for your consideration (Attachment 3). The most notable of these recommendations include:

- Restructuring the GR SSI and Medi-Cal Advocacy Program (Recommendation No. 31).
- Providing mental health treatment for GR participants with pending SSI applications, where the treatment would substantiate the disability and facilitate the approval of SSI, dependent upon funding (Recommendation No. 34);
- Increasing the SSI approval rate at the initial application level by 10 percent in each of the next three years, to reach 70 percent at the initial application level by FY 2012-13, while increasing the total number of SSI approvals by 500 per year over each of the next three years, to reach an increase of 1,500 SSI approvals by FY 2012-13 (Recommendation No. 38);
- Engaging in a dialogue with Board and Care operators to determine how to increase usage by GR participants (Recommendation No. 30);
- Conducting a pilot which grants bus passes to 200 GR participants to determine if doing so increases the likelihood of having their SSI application approved (Recommendation No. 41); and
- Reconstituting the GR Restructuring Workgroup as the GR Restructuring Steering Committee to oversee the implementation process and monitor the outcomes (Recommendation No. 42).

During Phase Two, the Workgroup also reached consensus to recommend approval of the Evaluation Plan drafted by the CEO Service Integration Branch and modified based on input from the Workgroup (Attachment 4). The Evaluation Plan will evaluate the initial 27 recommendations, plus any new recommendations generated during Phase Two that are approved by your Board. The plan will provide quarterly data reports and an annual analysis.

Honorable Board of Supervisors

February 9, 2010

Page 6

The DPSS budget for FY 2009-10 contains \$7.2 million to begin the process of restructuring the GR Program, which your Board approved on October 6, 2009. This plan designated \$1 million to be used to fund recommendations by the GR Restructuring Workgroup in Phase Two of the process. After considering the funding needs of all of the approved and new recommendations, the Workgroup developed a plan for the remaining \$1 million as set forth in Attachment 5.

If approved, implementation of the GR Restructuring recommendations will necessitate adjustments to the FY 2009-10 budgets of several County departments, and will impact the FY 2010-11 budget requests for those and additional departments. In FY 2009-10, Appropriation Adjustments will be required to reflect funding from DPSS to other County departments, such as the Department of Health Services, the Department of Mental Health (DMH), and the Los Angeles County Sheriff's Department for document retrieval services. The FY 2010-11 Proposed Budget would reflect additional federal revenue for DPSS, transfers of funding from DPSS to several other County departments and the addition of 45 budgeted positions in DPSS and other departments, as specified in the implementation plan for the Phase One recommendations (Attachment 1) and the new Phase Two recommendations (Attachment 3). The number of staff needed by DMH has yet to be determined. In addition, subsidized employees from the South Bay Workforce Investment Board would be utilized.

As requested by Supervisor Ridley-Thomas and approved by your Board on October 6, 2009, the Workgroup considered potential new names for the GR program and researched comparable programs within California and across the nation. The workgroup reached consensus on three potential new names for the GR Program, but it did not reach consensus on which of those names to recommend, nor whether to recommend a change from the current name. A majority of the workgroup supports a change in the current name as a way to convey the magnitude of the change represented by GR Restructuring. A majority of the workgroup supports the following new name: Transitional Assistance and Services Program. The other two options identified by the Workgroup are: Adult Transitional Assistance and Services Program and Los Angeles Transitional Assistance Program. A list of the potential names that were created and considered by the Workgroup are included in Attachment 6, along with the names for the GR Program in selected California counties and states across the nation.

The cost impact of changing the name of the GR Program would be negligible. DPSS can internally promote the new name and change the name on existing forms on a flow basis, utilizing all forms with the old name before ordering supplies with the new name. DPSS experienced a similar change in 1998 when Aid to Families with Dependent Children was changed to California Work Opportunities and Responsibility to Kids

Honorable Board of Supervisors
February 9, 2010
Page 7

(CalWORKs). DPSS did not experience or identify any negative consequences from the name change during that transition period.

At your October 6, 2009 meeting, your Board requested additional details regarding the initial 27 GR Restructuring recommendations, as well as SSI approval and job placement targets. The response to Supervisor Ridley-Thomas' motion regarding SSI approval targets was provided on October 26, 2009. Detailed responses to the motions made by Supervisors Ridley-Thomas, Antonovich and Yaroslavsky are provided in Attachment 7.

As requested by Supervisor Ridley-Thomas on October 27, 2009, DPSS also researched SSI Advocacy practices in several jurisdictions, including Chicago, Baltimore, San Francisco, and Denver. A comparison of the SSI Advocacy services in each of these jurisdictions, and an overview and performance data on the SSI/Social Security Disability Insurance Outreach, Access and Recovery approach to SSI advocacy, which is promoted by the Social Security Administration and used by many other successful jurisdictions, is also included in Attachment 7 for your information.

IMPLEMENTATION OF STRATEGIC PLAN GOALS

The proposed recommendations are consistent with the principles of the Countywide Strategic Plan Goal No. 1, Operational Effectiveness, by maximizing the effectiveness of the GR Program to support effective and timely delivery of public services, and Goal No. 2, Children, Family and Adult Well-Being, by enriching the lives of GR applicants and participants through, cost-effective and client-centered supportive services.

FISCAL IMPACT/FINANCING

The proposed recommendations from Phase Two and the approved recommendations from Phase One are funded through the following sources that are within the DPSS GR budget:

1. Redirection of current NCC within the GR administration budget.
2. The \$1 million from the \$7.2 million reserved from Phase One of the GR Restructuring process, plus the \$6.0 million in one-time funding addressed in Phase One.
3. New federal revenue that will be drawn down by NCC in the GR administration budget.

Honorable Board of Supervisors

February 9, 2010

Page 8

4. Interim Assistance Reimbursement of rental subsidies and GR grants for GR participants receiving a rental subsidy who are approved for SSI.
5. GR grant savings for GR participants who receive a rental subsidy and exit GR due to employment or SSI approval.

The new federal revenue that will be drawn down by NCC in the GR administration budget will come from the following federal funding streams:

County Services Block Grant (CSBG)-Skilled Professional Medical Personnel (SPMP) funds can be claimed at a rate of 75 percent federal reimbursement for certain services designed to help disabled GR participants qualify for SSI and Medi-Cal provided that such services must be rendered by licensed medical personnel who are County employees.

- CSBG-Health Related (HR) funds can be claimed at a rate of 50 percent federal reimbursement for certain services designed to help disabled GR participants qualify for SSI and Medi-Cal.
- Food Stamp Employment and Training funds can be claimed at a rate of 50 percent for the costs of the General Relief Opportunities for Work (GROW) Program and housing subsidies provided to employable GR participants.

FACTS AND PROVISIONS/LEGAL REQUIREMENTS

The Welfare and Institutions Code (W&I Code) Section 17000.5 requires counties to establish a level of aid equal to 62 percent of the 1991 federal official poverty line in the United States Code, and to adjust that guideline annually thereafter.

Section 17000.6 allows a county to establish a level of aid which is not less than 40 percent of the 1991 federal official poverty line in the United States Code if it would result in a significant financial distress for that county to provide a higher level of aid. Once established, the county may maintain this level of aid if the county requires employable individuals to participate while on aid, in services equivalent to the CalWORKs welfare-to-work program and these employable participants are allowed to receive benefits for at least nine months in any 12-month period.

Employable individuals must participate in these welfare-to-work services as a condition of eligibility for aid. Los Angeles County developed the GROW Program in compliance with this section of the W&I Code in February 1999.

Since the enactment of the Interim Assistance Program in August 1974, Public Law 93-368 has permitted States and counties to recover from a person's initial SSI check

Honorable Board of Supervisors
February 9, 2010
Page 9

any county or State funds expended for aid during the time the SSI application was pending.

This Board Letter has been reviewed by County Counsel.

IMPACT ON CURRENT SERVICES (OR PROJECTS)

Approval of this comprehensive plan will enhance programs to serve the County's indigent population through collaboration of the impacted County departments. Approval will also result in cost reductions related to emergency room visits, in-patient healthcare, and incarceration, resulting in savings to the County's Health and Human Service and Justice Systems.

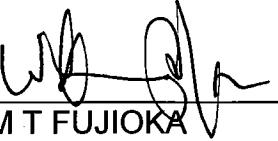
Finally, approval will result in an improved safety net for the County's indigent population, by creating improved access to services for homeless individuals.

CONCLUSION

The approval of the implementation and evaluation plans for the 27 approved recommendations, the 15 new recommendations from Phase Two to restructure the GR Program, and the allocation of the remaining \$1 million of funding set aside for this purpose, will allow more GR participants to transition to the federal SSI Program, which includes Medi-Cal, thereby decreasing the number of participants receiving GR benefits and utilizing emergency room services without medical coverage, as well as enabling more participants to obtain stable employment, housing and medical attention.

Honorable Board of Supervisors
February 9, 2010
Page 9

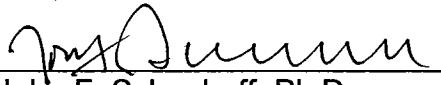
Respectfully submitted,


WILLIAM T FUJIOKA

Chief Executive Officer


Philip L. Browning

Director, Department of Public Social Services


John F. Schunhoff, Ph.D

Interim Director, Department of Health Services


Marvin J. Southard, D.S.W.

Director, Department of Mental Health


Robert Taylor

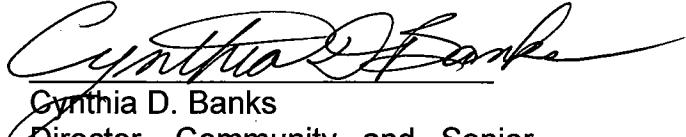
Chief Probation Officer


Dr. Jonathan E. Fielding, M.D., M.P.H.

Director, Department of Public Health


Leroy D. Baca, Sheriff

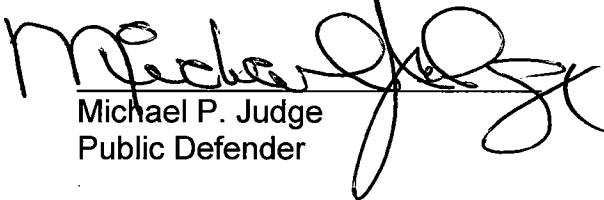
Los Angeles County Sheriff's Department


Cynthia D. Banks

Director, Community and Senior Services


Patricia Ploehn

Director, Department of Children and Family Services

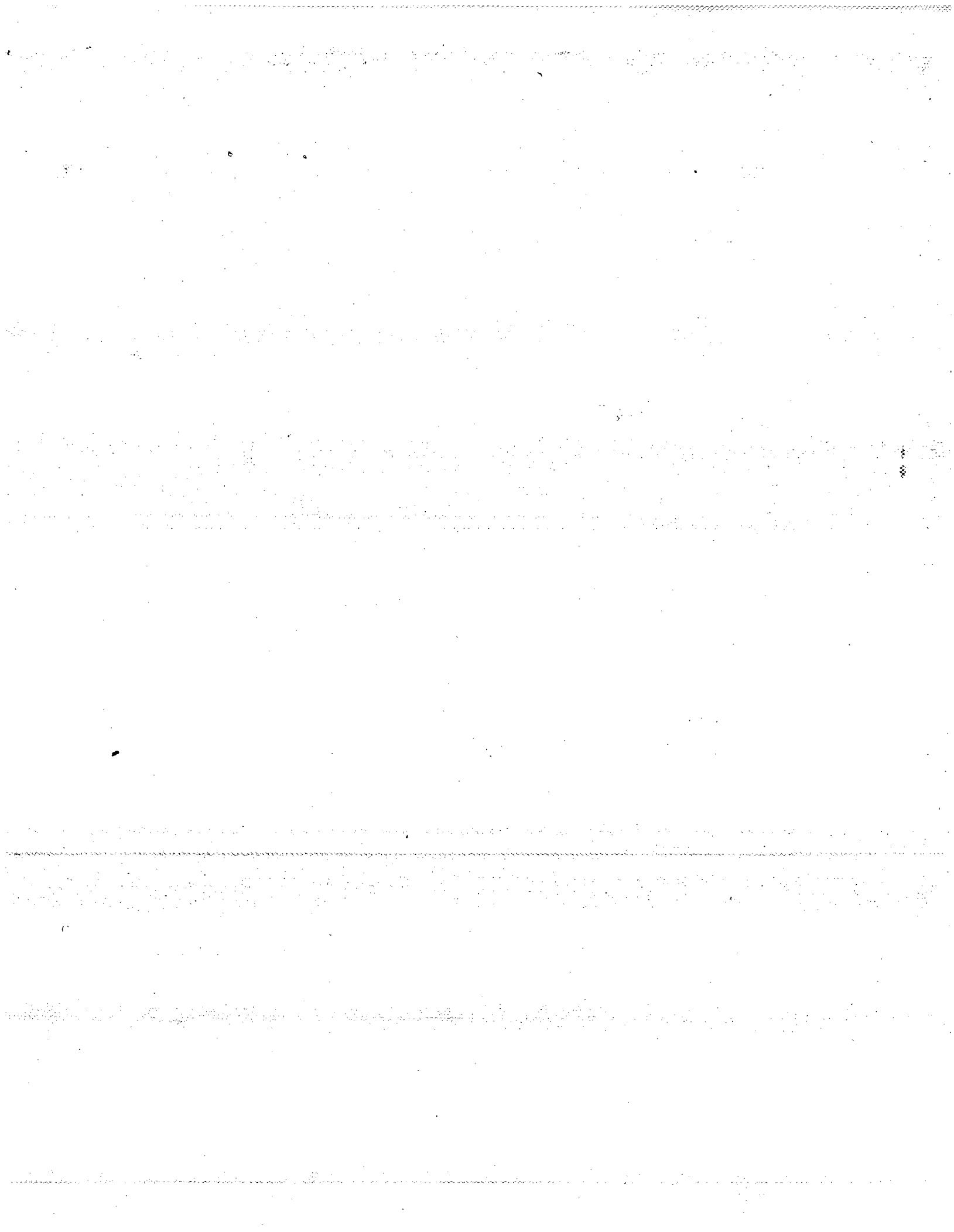

Michael P. Judge

Public Defender

Attachments

WTF:PLB:PA
JRL:LD:MQN

c: County Counsel
Executive Officer, Board of Supervisors
Auditor-Controller



**GENERAL RELIEF RESTRUCTURE WORKGROUP
APPROVED RECOMMENDATIONS IMPLEMENTATION CHART**

ISSUE: ADULT LINKAGES PROJECT	
Recommended Action #1 Approved by the Board on 10/6/09	Subject to applicable confidentiality requirements, use the Adult Linkages Project mechanism to identify the County service history of individual GR applicants/participants, so that applicants/participants can be offered services that take into account the totality of their individual circumstances.
Implementation Plan	<ul style="list-style-type: none">▪ DPSS and the supporting organizations will work with CEO-SIB to develop protocols for the data match, including confidentiality protocols.▪ Data match will be conducted on a quarterly basis, with the initial match to include the entire GR population, and subsequent matches to include newly-approved GR participants. A data match of the entire caseload will be done as appropriate to assess improvement in service utilization and reassess services needs.▪ Data match will identify GR participants who are heavy users of other County Department services.▪ Data match may be used to connect high users to other services.▪ Mechanism will utilize a query system so that service utilization history for individual GR applicants/participants can be accessed in real time.▪ For high users who are on GR, rental subsidies will be provided on a priority basis for GR participants pursuing approval of SSI.
Lead Organization	DPSS/CEO - Service Integration Branch
Support Organization(s)	County Departments participating in match: DCFS DPH LASD DHS DMH Probation Public Defender
Number of participants to be served each year	To Be Determined
Costs and Source of Funding	NCC 10/11: \$18,000 (DPSS on-going allocable cost) Total annual ongoing cost: \$200,000 CEO-SIB is pursuing IT funding of \$600,000 to cover the one-time cost of \$600,000.
Reimbursements Expected	N/A
Number of Staff needed by the Departments	None – use existing staff.

Target Implementation Date	July 2010
Expected Outcomes	<p>Increased employments and SSI approvals for high-users of other County services due to targeted services for those individuals. Reduction in expenditures for those individuals across County departments.</p> <p>[X] Helps Indigent Adults [X] Controls County Costs</p>
How data will be tracked	Data will be tracked via a database by CEO-SIB and internal reports by DPSS and CEO-SIB.

ISSUE: ADULT LINKAGES PROJECT	
Recommended Action #2 Approved by the Board on 10/6/09	The County should develop an innovative service integration model that can support County departments, other governmental entities, and community partners in concurrently serving a shared clientele.
Implementation Plan	<ul style="list-style-type: none"> • CEO-SIB will have a service integration coordination role. • Pilot to serve GR participants who are high-users of County services identified through ALP data, as part of a broader County pilot. • Identify and target service delivery to GR participants that will benefit the most from integrated services. • Convene committee of the Departments that will contribute to the Multi-Disciplinary Team (MDT) and determine services to be offered. • Determine governing Department. • Create rules of responsiveness. • Determine area of responsibility for each Department. • Determine geographic area of responsibility. • Establish confidentiality parameters.
Lead Organization	Chief Executive Office
Support Organization(s)	DPSS DMH DHS DPH Probation DCFS
Number of participants to be served each year	To Be Determined
Costs and Source of Funding	No NCC. Other potential funding streams to be determined.
Reimbursements Expected	To be determined by the make-up of the MDT.
Number of Staff needed by the Departments	None, use existing staff.
Target Implementation Date	October 2010
Expected Outcomes	<p>Better outcomes and reduced costs.</p> <p><input checked="" type="checkbox"/> Helps Indigent Adults <input checked="" type="checkbox"/> Controls County Costs</p>
How data will be tracked	Establish a reporting system to be used by the MDT.

ISSUE: ADULT LINKAGES PROJECT	
Recommended Action #3 Approved by the Board on 10/6/09	<p>Increase integration of services between the Sheriff's Department and DPSS by:</p> <ul style="list-style-type: none">A. Developing a plan to enhance the current County jail match to identify individuals who are incarcerated and have a linkage to GR benefits, to provide pre- and post-release services and SSI Advocacy that will assist with their re-entry into society.B. Assessing the DPSS/Sheriff's Homeless Release Project to determine its effectiveness.C. Implementing a review protocol to determine whether any outstanding warrants remaining on the GR/SSI applicant's record should be cleared, recalled or withdrawn.D. Ensuring that probation, parole, and other warrants that should have been satisfied by a GR/SSI applicant's stay in jail have been withdrawn or recalled.E. Appointing a liaison for individuals with outstanding warrants whom advocates and county employees can contact directly to: (1) inquire about the underlying reason and validity of a warrant and (2) assist the SSI advocate in "clearing up" the warrant.F. Referring disabled individuals exiting jail who apply for GR to a SSI advocate/liaison, in order to re-establish SSI benefits and work with agencies (i.e., probation, parole, public defender, courts, etc.) to recall existing warrants.G. Referring disabled individuals exiting jail who do not have SSI benefits to GR SSIMAP for benefits establishment.
Implementation Plan	<ul style="list-style-type: none">▪ DPSS, in conjunction with LASD and CEO-SIB, will develop a plan to enhance the current jail match to identify individuals who are incarcerated and link them to DPSS services upon release.▪ DPSS and LASD will identify pre- and post-release services that will be available for inmates with a prior DPSS connection.▪ DPSS and LASD will assess the effectiveness of the current DPSS/LASD Homeless Release Project to identify possible modifications and enhancements to the project.▪ DPSS will refer inmates to Public Defender/APD for all outstanding warrants immediately upon DPSS' knowledge of incarceration.▪ LASD will institute an automatic check to ensure all warrants are cleared, withdrawn or cancelled prior to release.▪ LASD will appoint a liaison to interface with DPSS and community advocates to assist with SSI advocacy services for GR participants pursuing SSI.▪ DPSS/LASD staff will screen inmates prior to release for potential eligibility to GR and SSI. If potentially eligible for GR, inmates will be referred to DPSS to apply for GR and assistance with the SSI application process and the re-

	establishment of SSI benefits.
Lead Organization	DPSS/LASD
Support Organization(s)	Public Defender
Number of participants to be served each year	To Be Determined
Costs and Source of Funding	\$78,868 - NCC
Reimbursements Expected	IAR for the GR grants paid pending (re)approval of SSI,
Number of Staff needed by the Departments	One LASD liaison position funded by DPSS
Target Implementation Date	July 2010
Expected Outcomes	Increased SSI approvals for GR participants who have been incarcerated in County jail. <input checked="" type="checkbox"/> Helps Indigent Adults <input checked="" type="checkbox"/> Controls County Costs
How data will be tracked	Data will be tracked by both DPSS and LASD through monthly reports.

ISSUE: ADULT LINKAGES PROJECT	
Recommended Action #4 Approved by the Board on 10/6/09	Encourage police agencies to make social services referrals for the homeless and connect them with resources, rather than issuing citations.
Implementation Plan	<ul style="list-style-type: none">▪ DPSS will initiate conversations with LAPD and LASD regarding Board of Supervisors directive.▪ Expand to other police agencies as the process is refined.▪ DPSS will work with the police agencies to create a simple informational document in multiple languages to distribute to the homeless and connect them to services.
Lead Organization	DPSS/LASD
Support Organization(s)	LAPD, DCFS, DCSS, Community Advocates
Number of participants to be served each year	Unknown
Costs and Source of Funding	No cost
Reimbursements Expected	None
Number of Staff needed by the Departments	None
Target Implementation Date	August 2010
Expected Outcomes	Decreased incarceration of indigent adults. Indigent adults stay connected to services, and barriers to employment or SSI eligibility are decreased by avoiding police warrants and vagrancy criminal records. <input checked="" type="checkbox"/> Helps Indigent Adults <input checked="" type="checkbox"/> Controls County Costs
How data will be tracked	This recommendation does not generate data.

ISSUE: HOUSING AND HOMELESSNESS	
Recommended Action #5 Approved by the Board on 10/6/09	<p>Enhance Subsidized Housing by:</p> <ul style="list-style-type: none">A. Increasing the total number of housing subsidies to 10,000 by December 2014.B. Increasing the number of housing subsidies for homeless disabled GR participants pursuing, or willing to pursue, SSI and/or veterans benefits, so that 100% of homeless disabled GR participants pursuing SSI and/or veterans benefits are offered a housing subsidy within 5 years.C. Increasing the number of housing subsidies for homeless, employable GR participants.D. As in the current GR Housing and Case Management Project:<ul style="list-style-type: none">a. Subsidized housing itself should not be time-limited, allowing people to stay as permanent residents, after they start receiving outside income and can pay for their housing.b. The housing subsidy should be encouraged, but not required.E. Increasing the GR rental subsidy amount from \$300 to \$400 and reduce the participant's contribution from the grant from \$136 to \$100, so the total amount available for rent will be \$500.F. Pursuing federal reimbursements for housing subsidy payments made to employable GR participants through the Food Stamp and Employment Training (FSET) fund at a rate of 50%; and pursuing reimbursement for housing subsidy payment made to GR participants who are approved for SSI through the Interim Assistance Reimbursement Program, at a rate of 100%.G. Reinvesting the money recouped from SSI (Interim Assistance Reimbursement for housing subsidies) in additional housing subsidies.H. Recruiting participants for the Housing Subsidy and Case Management Program during the GR intake process and making additional efforts throughout the course of case management to encourage participants to remain in the Housing Subsidy and Case Management Program and identify causes of participants dropping out of the subsidy.
Implementation Plan	<ul style="list-style-type: none">• DPSS will develop project guidelines and documents.• Housing subsidies will be divided evenly between the homeless employable and disabled (pursuing SSI/Veterans Benefits) populations.• Priority for rental subsidies for employable participants will be based on history of employment within past 12 months. Twenty percent of these subsidies will be earmarked for transition age youth (18-24) who have received a high school diploma or

- equivalent, regardless of their employment history.
- Priority for rental subsidies for disabled participants pursuing SSI/Veterans benefits will be for heavy service users of other County Department services identified through the ALP mechanism. Among the heavy service users of other County departments, 20% of the subsidies will be earmarked for transition age youth. Heavy service user is defined as follows:
 - A GR participant who makes extensive use of the following DHS Services:
 1. Two or more admissions for Inpatient Hospitalization and/or Emergency-based (ED) services within the last 12 months.
 - A GR participant who makes extensive use of the following DMH Services:
 1. Has had four or more visits to the Emergency Room or four or more visits for Outpatient Services within the last 12 months, or
 2. Has had three or more Urgent Care, etc., visits within the last 12 months, or
 3. Has recently been discharged from a psychiatric unit.
 - A GR participant who had either two or more jail stays or who accrued over 60 days of jail time within the last 12 months and has used medical or mental health services while incarcerated
 - DPSS will connect homeless veterans to housing vouchers funded by the United States Veterans Administration, and will only provide GR rental subsidies to veterans who are unable to secure a federally-funded voucher.
 - When a GR participant secures employment that pays over \$621/month or is approved for SSI, the participant's GR grant and housing subsidy are both automatically terminated.
 - The distribution of the available subsidies for FY 09-10 will be divided equally among the following GR District Offices that are currently part of the GR Rental Subsidy Project: South Special #07, Southwest Special #08, Civic Center #14, Rancho Park #60, Lancaster #67, and Metro Special #70.

As savings/reimbursements are generated by participants receiving a subsidy who exit GR due to SSI or employment and reinvested into the program through the GR Anti-Homelessness Services account, additional subsidies will become available and the project will be expanded to the remaining eight GR Districts.

	<p>Housing Case Managers</p> <ul style="list-style-type: none"> ▪ Housing Case Managers will be used to administer the additional subsidies through FY 10-11. Beginning in FY 11/12, SSI Advocacy staff (Social Workers) and GROW Services Worker may administer the Project as part of their ongoing duties in the GR SSI and Medi-Cal Advocacy Program and the GROW Program. ▪ Through FY 10-11, GR Housing Case Managers will continue to have a caseload of 75 cases. ▪ DPSS will assess and expand the role of the Housing Case Managers to include referrals for Veterans advocacy, including housing services. <p>Exploration of Housing Options</p> <ul style="list-style-type: none"> ▪ Extend current contract with Weingart Center Association for Housing Locator Services; ▪ Work with CDC/HUD in identifying the availability of Section 8 vouchers and other low-cost housing opportunities; ▪ Explore utilizing Board and Care facilities as a housing option; and ▪ Explore master leasing (See approved recommendation #6).
Lead Organization	DPSS
Support Organization(s)	LAHSA – Low cost housing-opportunities CDC – HUD Veterans Affairs Supportive Housing (VASH) Vouchers HUD - Low cost housing-opportunities Shelter Partnership Weingart Center Association – Housing Locator Consultant Services
Number of participants to be served/moved into housing each year	<p><u>FY 2009/2010</u> 900 Existing Subsidies <u>640 New Subsidies</u> 1,540 Housing Subsidies</p> <p><u>FY 2010/2011</u> 900 Existing Subsidies <u>640 New Subsidies</u> 1,540 Housing Subsidies</p> <p>Plus additional subsidies funded from the GR Anti-Homelessness Services Account (approved recommendation #27)</p>
Costs and Source of Funding	<p><u>FY 2009-10</u> \$4,052,000 Existing Budgeted NCC (Cost is based on a full-year allocation). \$1,313,757 New NCC <u>\$ 597,162 New Federal Revenue</u> \$5,962,919 Total Funding</p> <p>NCC and Federal Revenue are based on subsidies implemented</p>

	<p>January 2010 through June 2010. Effective January 2010, DPSS will also start drawing down federal FSET revenue for rental subsidies for employable participants funded with the existing \$4.2 million annual budget for the GR rental subsidy program.</p> <p>FY 2010-11</p> <p>\$4,052,000 Existing Budgeted NCC \$2,627,515 New NCC \$1,194,324 New Federal Revenue \$7,873,839 Total Funding</p>
Reimbursements Expected	Costs will be directly offset by Interim Assistance Reimbursement of full cost of rental subsidies for participants approved for SSI and 50% federal reimbursement of rental subsidies through Food Stamp Employment and Training (FSET) funding for employable GR participants.
Number of Staff needed by the Departments	DPSS: 9 GAIN Service Workers (GSWs); 1 GAIN Services Supervisor (GSS); and 1 Program Assistant (PA) to oversee the program through June 2011. Additional GSWs and GSS will be needed commencing FY 2011-12, proportionate to the ongoing expansion in the number of rental subsidies. Based on the current service delivery design of 75 cases per Case Manager, a total of 121 additional GSWs would be needed to administer 10,000 rental subsidies as of December 2014. However, it is possible that the service delivery model will be modified following FY 2010-11.
Target Implementation Date	January 2010
Expected Outcomes	Reduced homelessness, increased number of subsidies available to GR participants, increased pool of available housing, diminished overcrowding in housing, increased SSI approvals, reduced NCC and future costs across the County. <input checked="" type="checkbox"/> Helps Indigent Adults: <input checked="" type="checkbox"/> Controls County's Costs
How data will be tracked	DPSS will develop a program to track the data.

ISSUE: HOUSING AND HOMELESSNESS	
Recommended Action #6 Approved by the Board on 10/6/09	Implement a pilot project (subject to a cost benefit analysis) by master leasing and/or purchasing foreclosed apartment buildings and/or multi-family housing units and/or dorm-like housing to be provided for the indigent homeless population. This housing should be owned and/or operated by a non-profit housing developer and/or homeless service provider with expertise in managing housing with services.
Implementation Plan	DPSS to meet with CEO, County Counsel, CDC/Housing Authority, and HUD to: <ul style="list-style-type: none"> ▪ Conduct a cost benefit analysis to determine the feasibility of master leasing; ▪ If feasible, determine the criteria to be used to select the property; ▪ Identify foreclosed apartment buildings, hotels, and motels; ▪ Identify the legal ramifications related to Master Leasing; ▪ Determine potential adverse effects on the Board and Care facilities for converting use for this purpose; and ▪ Identify possible sources of funding, including use of rental subsidies.
Lead Organization	CEO and DPSS
Support Organization(s)	County Counsel CDC/Housing Authority HUD
Number of participants to be served/moved into housing each year	To Be Determined
Costs and Source of Funding	Non-NCC funding to be identified, except to the extent that GR rental subsidies and/or GR Board and Care payments are used.
Reimbursements Expected	
Number of Staff needed by the Departments	One Program Assistant for DPSS
Target Implementation Date	January 2011
Expected Outcomes	Increased housing opportunities and facilitated linkage to supportive services. <input checked="" type="checkbox"/> Helps Indigent Adults <input checked="" type="checkbox"/> Controls County's Costs
How data will be tracked	CEO and DPSS to track data.

ISSUE: HOUSING AND HOMELESSNESS	
Recommended Action #7 Approved by the Board on 10/6/09	<p>Address supportive housing needs by:</p> <ul style="list-style-type: none"> A. Exploring housing options for mentally ill participants through City and County Housing Authorities and other smaller Housing Authorities throughout LA County. B. Identifying and leveraging County funding for housing resources and related services that already receive county funding or support.
Implementation Plan	<ul style="list-style-type: none"> ▪ DPSS will work with DMH and City and County Housing Authorities to identify housing options and related services for mentally ill GR participants. ▪ DPSS, in collaboration with DMH, will review the Project 50 model to determine if elements could be used to provide supportive services to mentally ill GR participants. ▪ DPSS/DMH to identify potential funding sources, including Proposition 63 funds.
Lead Organization	DPSS/DMH
Support Organization(s)	LAHSA Skid Row Housing Trust CEO CDC/Housing Authority Sheriff Department LAFLA Weingart Center Association
Number of participants to be served/moved into housing each year	To Be Determined
Costs and Source of Funding	No NCC
Reimbursements Expected	Not Applicable
Number of Staff needed by the Departments	Not Applicable
Target Implementation Date	December 2010
Expected Outcomes	Decreased homelessness and enhanced participation in work activities. Expedited movement back into the workforce or to SSI. <input checked="" type="checkbox"/> Helps Indigent Adults <input checked="" type="checkbox"/> Controls County's Costs
How data will be tracked	

ISSUE: SSI ADVOCACY	
Recommended Action #8 Approved by the Board on 10/6/09	Subject to detailed operational and fiscal planning during Phase Two of the GR Restructuring process, eliminate the current cursory employability/NSA screening and replace it with a more extensive medical/mental health disability assessment performed by (1) DMH, (2) DHS or possibly DPH, and/or (3) DHS Public Private Partners (PPPs). For permanently disabled participants in need of additional documentation to support their SSI applications, a comprehensive medical/mental health evaluation would be performed. The extensive assessments and the comprehensive medical and mental health evaluations and write-ups will be funded with 50 - 75% new federal revenue.
Implementation Plan	Work with DMH, and DHS, on the following: <ul style="list-style-type: none">• Engage DHS' Public Private Partners (PPPs) to conduct the disability assessments and comprehensive evaluations for physically-disabled GR participants.• Assessments and evaluations can be completed in a more cost-effective manner by the PPPs than by DHS.• Services provided by the PPPs would be aligned with ongoing healthcare for indigent adults.• DHS will negotiate an agreement with the PPPs to conduct disability assessments and comprehensive evaluations.• DMH staff housed in DPSS GR offices will provide disability assessments and comprehensive evaluations for mentally-disabled GR participants.• Some or all of the non-licensed staff currently performing Needs Special Assistance (NSA) screenings for GR participants will be replaced by licensed mental health staff, and additional licensed mental health staff will be provided by DMH for these assessments and evaluations. The additional staff costs will be covered with new federal revenue that will be drawn down through DPSS.• DMH staff collocated in DPSS GR offices are ideal to perform the disability assessments and comprehensive evaluations as a more seamless service delivery system. Additionally, DMH contractors do not typically serve indigent adults without insurance.• Develop assessment and evaluation tools for DMH and PPPs to use.• Develop the MOU between DPSS, DMH and DHS, which will include performance standards and a Quality Control plan.• Develop the Release of Information form which will be used by all Departments/PPPs.• Explore the geographic coverage range of the PPPs that will conduct the health assessments and evaluations to ensure services are accessible for GR participants in all geographic areas.

	<ul style="list-style-type: none"> • Develop referral guidelines for staff to utilize when referring GR participants for assessments or evaluations. • Develop staff guidelines for the processing of the completed assessments and evaluations. • Inform evaluating doctors about the disability listings, so that they can better address each aspect of the disability definition in their evaluations (any contractor engaged to perform evaluations and reports should be well-trained on disability listing of impairments and residual functional capacity). • DMH to designate appropriate level of staff to perform disability assessments utilizing the current allocated funding for this purpose, plus equal amount of new federal funding which will be drawn down through CSBG-HR. The current NCC for DMH Screening Services is \$1.3 million. 		
Lead Organization	DPSS		
Support Organization(s)	DHS, DMH		
Number of participants to be served each year	46,000 Assessments <u>2,000</u> Evaluations 48,000 Total (December 2010 – June 2011)		
Number of participants to be moved from GR to SSI per year:	7,400 total SSI approvals after all SSI Advocacy enhancements are implemented.		
Costs and Source of Funding	<table border="1"> <tr> <td style="width: 50%;">Assessments FY 2010/2011 <u>(December 2010 – June 2011)</u> \$2,860,000 – Current NCC <u>\$2,860,000</u> – Federal Revenue \$5,720,000 – Total Funding</td><td style="width: 50%;">Evaluations FY 2010/2011 <u>(December 2010 – June 2011)</u> \$ 500,000 - NCC <u>\$ 800,000</u> – Federal Revenue \$1,300,000 – Total Funding</td></tr> </table>	Assessments FY 2010/2011 <u>(December 2010 – June 2011)</u> \$2,860,000 – Current NCC <u>\$2,860,000</u> – Federal Revenue \$5,720,000 – Total Funding	Evaluations FY 2010/2011 <u>(December 2010 – June 2011)</u> \$ 500,000 - NCC <u>\$ 800,000</u> – Federal Revenue \$1,300,000 – Total Funding
Assessments FY 2010/2011 <u>(December 2010 – June 2011)</u> \$2,860,000 – Current NCC <u>\$2,860,000</u> – Federal Revenue \$5,720,000 – Total Funding	Evaluations FY 2010/2011 <u>(December 2010 – June 2011)</u> \$ 500,000 - NCC <u>\$ 800,000</u> – Federal Revenue \$1,300,000 – Total Funding		
Reimbursements Expected	\$3,660,000 in new Federal revenue from CSBG-HR and CSBG-SPMP		
Number of Staff needed by the Departments	Additional Psychiatric Social Worker IIs for DMH - number to be determined.		
Target Implementation Date	December 2010		
Expected Outcomes	<p>Better evaluations of GR participants' capabilities and identification of those who are employable or potentially eligible to SSI. Reduction in participants categorized as temporarily unemployable. Enhanced documentation of disability for participants pursuing SSI.</p> <p><input checked="" type="checkbox"/> Helps Indigent Adults <input checked="" type="checkbox"/> Controls County's Costs</p>		
How data will be tracked	DPSS will track via the LEADER system and manual reporting		

ISSUE: SSI ADVOCACY	
Recommended Action #9 Approved by the Board on 10/6/09	DHS, DMH, and LASD to retrieve medical and mental health records on behalf of GR participants to support their disability claim for SSI. Most of the costs will be funded with 50% new federal revenue.
Implementation Plan	<ul style="list-style-type: none">▪ DPSS will work with DHS, DMH and LASD to facilitate the acquisition of medical and mental health records which are vital to SSI Advocacy efforts to determine eligibility of GR participants.▪ DPSS will work with CEO-SIB to conduct a match of the GR SSIMAP database to the other participating departments' databases to identify GR participants with a service history in each of the other departments, so that the other departments could seek to retrieve their medical documents.▪ DPSS will identify participants from the current and future SSIMAP pool of participants who are in need of this service. Participants will authorize release of information by signing an "Authorization for Use and Disclosure of Protected Health Information." This form will be developed in consultation with the CEO, DMH, and DHS staff.▪ All participating departments will use the same form, "Authorization for Use and Disclosure of Protected Health Information."▪ DPSS will release instructions/procedures to its staff via an Administrative Directive (AD). This AD will also include protocols for interaction among DPSS, DHS, DMH, and LASD staff.▪ Each department will release its respective internal instructions/procedures separately to its staff for the duties/responsibilities within their department.▪ DHS, DMH and LASD will transmit the medical and mental health records to DPSS.▪ Each department will gather medical and mental health records from its facilities and deliver them to DPSS as one package, within two weeks from the original request.▪ DPSS will maintain a database to track each step of the SSI advocacy process, from the medical and mental health records request to the final stage of the SSI Advocacy efforts. DHS, DMH, and LASD will maintain internal records.▪ Departments will retrieve medical and mental health records needed to substantiate disability claims for SSI benefits that support the GR participant's disability reported on his/her SSI application.▪ Departments will identify staff to retrieve the requested medical and mental health records.▪ Completed medical and mental health records will be forwarded to SSA with the corresponding SSI application.
Lead Organization	DPSS

Support Organization(s)	DHS, DMH and LASD												
Number of participants to be served each year	A total of 6,240 medical records will be retrieved per fiscal year.												
Number of participants to be moved from GR to SSI per year:	7,400 total SSI approvals after all SSI Advocacy enhancements are implemented.												
Costs and Source of Funding	<p>FY 2009-10 \$285,447 - NCC \$201,236 - New Federal Revenue \$486,683 – Total Funding</p> <p>(April 2010 through June 2010).</p> <p>FY 2010-11 \$ 1,033,677 - NCC \$ 804,911 - New Federal Revenue \$ 1,838,588 - Total Funding</p>												
Reimbursements Expected	County Services Block Grant (CSBG) – Health Related 50% federal reimbursement.												
Number of Staff needed by the Departments	<table> <thead> <tr> <th><u>Dept.</u></th> <th><u>Registered Nurses</u></th> <th><u>Clerks</u></th> </tr> </thead> <tbody> <tr> <td>DHS</td> <td>7</td> <td>3</td> </tr> <tr> <td>DMH</td> <td>2</td> <td>1</td> </tr> <tr> <td>LASD</td> <td>1</td> <td>1</td> </tr> </tbody> </table> <p>No additional budgeted items in FY 09/10. Any needed additional items will be included in the FY 10/11 proposed budget.</p>	<u>Dept.</u>	<u>Registered Nurses</u>	<u>Clerks</u>	DHS	7	3	DMH	2	1	LASD	1	1
<u>Dept.</u>	<u>Registered Nurses</u>	<u>Clerks</u>											
DHS	7	3											
DMH	2	1											
LASD	1	1											
Target Implementation Date	April 2010												
Expected Outcomes	<p>Better documentation of health and mental health disabilities increasing SSI approvals and reducing length of time on GR.</p> <p>[X] Helps Indigent Adults [X] Controls County Costs</p>												
How data will be tracked	DPSS will track data.												

ISSUE: SSI ADVOCACY	
Recommended Action #10 Approved by the Board on 10/6/09	Maximize the claiming of retroactive Medi-Cal for GR participants who qualify for SSI and Medi-Cal.
Implementation Plan	<ul style="list-style-type: none">• Work with DMH and DHS to develop procedures to ensure the claiming of retroactive Medi-Cal for services rendered to GR participants who are applying for SSI.• DPSS to develop a system to identify GR participants who have been approved for SSI and transmit this information to DHS/DMH.• DPSS will maintain a database to track GR participants approved for SSI.• DPSS, DHS and DMH will maintain internal records.• DHS/DMH will provide DPSS reports indicating the amount of the retro-Medi-Cal collected per GR participant.
Lead Organization	DHS and DMH
Support Organization(s)	DPSS
Number of participants to be served each year	Estimated target of 2,500 based on the number of SSI approvals reported on a yearly basis.
Number of participants to be moved from GR to SSI per year:	To be determined
Costs and Source of Funding	No cost
Reimbursements Expected	State/federal reimbursement for treatment within the 90 days before filing of SSI application and entire time SSI application is pending.
Number of Staff needed by the Departments	None
Target Implementation Date	July 2010
Expected Outcomes	Additional revenue for DHS and DMH. <input type="checkbox"/> Helps Indigent Adults <input checked="" type="checkbox"/> Controls County's Costs
How data will be tracked	

ISSUE: SSI ADVOCACY	
Recommended Action #11 Approved by the Board on 10/6/09	Integrate the Public Defender (PD) into SSI Advocacy where GR participants are already clients of the Public Defender and advocacy can be combined with clients' representation in court.
Implementation Plan	<ul style="list-style-type: none"> ▪ DPSS and PD will pilot SSI Advocacy services for GR participants identified by the Public Defender's office. ▪ PD shall pre-screen GR participants for potential SSI eligibility. ▪ DPSS will develop a screening tool for eligibility to GR and SSI. ▪ DPSS will collocate SSI Advocacy staff at a designated PD site to provide SSI Advocacy services to GR participants. ▪ PD staff will determine where medical documents exist and request the records be retrieved and forwarded to PD. ▪ DPSS to provide training to PD staff on Martinez v. Astrue, which changed policy effective April 1, 2009 so that the Social Security Administration will no longer deny or stop benefits because of an outstanding warrant in most cases.
Lead Organization	Public Defender, DPSS
Support Organization(s)	None
Number of participants to be served each year	Unknown
Number of participants to be moved from GR to SSI per year:	7,400 total SSI approvals after all SSI Advocacy enhancements are implemented.
Costs and Source of Funding	\$ 51,747 – NCC \$ 51,746 – New Federal Revenue \$103,493 – Total Funding
Reimbursements Expected	CSBG -- HR for 50% of the PD staff cost for SSI advocacy
Number of Staff needed by the Departments	1 PD staff person
Target Implementation Date	July 2010
Expected Outcomes	Increased SSI approvals <input checked="" type="checkbox"/> Helps Indigent Adults <input checked="" type="checkbox"/> Controls County's Costs
How data will be tracked	Data will be tracked by the Public Defender's Office.

ISSUE: EMPLOYMENT/EMPLOYABILITY	
Recommended Action #12 Approved by the Board on 10/6/09	<p>Modify the GROW Program to:</p> <ul style="list-style-type: none">A. Customize services to individuals who are classified as:<ol style="list-style-type: none">1. Transitional Age Youth (TAY);2. Veterans; and3. Participants exiting Mandatory Substance Abuse Program (MSARP).B. Create a new voluntary category of GR participants who will be classified as employable with accommodations and will be referred to a new GROW component designed to provide employment services for individuals who can work with accommodations. Volunteers would not be subject to sanctions.C. Enhance services for Needs Special Assistance (NSA) participants by providing them voluntary employment preparation services and mental health treatment through the GROW Program. Volunteers would not be subject to sanctions.D. Establish collaboration between DPSS, DCFS, and Probation to provide enhanced services to GROW participants ages 18-24 who come out of foster care and probation.E. Develop a comprehensive and ongoing evaluation plan of GROW to track outcomes for GR participants, including, but not limited to, education and training outcomes, length of employment obtained through GROW, and recidivism.
Implementation Plan	To customize GROW services for Transitional Age Youth (TAY), DPSS will do the following: <ul style="list-style-type: none">▪ Develop a pilot project at selected GROW sites.▪ Provide specialized job club services for this group that will emphasize the importance of continuing education outside GROW activities to reach financial independence.▪ Provide mentoring/counseling services as part of the specialized job club for this group.▪ Explore employment programs that provide flexibility so youth can stay in school: Work Study, etc.▪ Create support services consisting of referrals to GED as part of GROW activities; referrals to College programs outside GROW activities.▪ Develop a screening tool to identify those youth with barriers to employment and those who are job ready.▪ Develop collaboration with DCFS for added support for youth coming out of foster care.▪ Develop collaboration with Probation to establish a referral system linking probation youth not yet on GR to benefits to which this group might be entitled.

	<p>To customize GROW services for veterans, DPSS will do the following:</p> <ul style="list-style-type: none">▪ Develop a pilot project at selected GROW sites.▪ Determine job opportunities geared toward this group.▪ Provide workshops to inform Veterans of services available to them.▪ Develop informational material to increase awareness of services/benefits specific to Veterans.▪ Develop collaboration with the Veterans Administration to establish a referral system to benefits to which this group might be entitled. <p>To customize GROW services for participants exiting MSARP:</p> <ul style="list-style-type: none">▪ Develop a pilot project at selected GROW sites.▪ Develop job leads with employers willing to give them opportunities.▪ Continuation of support through non-mandatory Substance Abuse Treatment that could help reinforce/strengthen the mandatory treatment.▪ Referrals to any support services that might be able to assist this group. <p>To create a new voluntary category of Employable with Accommodations in GROW, DPSS will:</p> <ul style="list-style-type: none">• Provide GROW services to voluntary participants with physical limitations who may require accommodations.• Develop a pilot project at selected GROW sites to expand services for this group as listed below.• Explore development of customized services that address availability of special accommodations, and assist people with physical disabilities perform jobs successfully.▪ Explore development of partnerships with the Department of Rehabilitation and any other agencies that might be willing to offer job opportunities to this group.▪ Keep participants engaged by offering customized services that provide motivation and assist with personal career development. Hopefully they will also be motivated by the idea of earning a monthly salary that is larger than their GR grant. <p>DPSS will offer voluntary employment preparation services and mental health treatment to NSA participants who volunteer for GROW by:</p> <ul style="list-style-type: none">• Through the current MOU between DPSS and DMH for Mental Health services for GROW participants, refer NSA participants for a clinical assessment upon enrollment in GROW. Based on clinical assessments' outcomes, participants will be referred to mental health treatment.• Pilot at selected GROW site(s) to provide specialized job services to assist NSA participants transition to labor force when/if they are able to work with accommodations.
--	---

	<ul style="list-style-type: none"> ▪ Explore development of partnerships with prospective employers willing to offer job opportunities to this group. ▪ Through the GROW Program Support contract with LACOE, provide training to DPSS Job Developers for recruitment of prospective employers willing to provide job opportunities to NSA participants. ▪ Agencies to be involved: DMH, County Counsel to provide legal advice on possibility of legal implications and liability issues, LACOE. <p>DPSS will collaborate with DCFS and Probation to provide enhanced services to youth (18-24) coming out of foster care by:</p> <ul style="list-style-type: none"> ▪ Through a pilot project at selected GROW sites, develop collaboration with DCFS and Probation to obtain information before participants are released from these agencies and determine which services can be provided at least one month prior to their release dates. ▪ Explore possibility of development of a universal waiver that allows exchange of communication between Departments to better serve our common population. ▪ Develop a survey to collect basic information from this group to determine who is likely to apply for GR, who is job-ready, and who might need additional support to become job-ready. ▪ Development of early intervention will ensure efficient, timely referrals to expedite services for this population. ▪ From November 2009 through March 2010, refer job-ready youth to the Community Services Block Grant (CSBG) American Recovery and Reinvestment Act (ARRA) Youth Subsidized Employment project for subsidized employment.
Lead Organization	DPSS
Support Organization(s)	DMH California Department of Rehabilitation DHS LACOE DCFS Probation EDD
Number of participants to be served each year	<p>TAY participants (including those coming out of DCFS or Probation), are already part of the GROW caseloads. DPSS will explore the possibility of offering all voluntary NSA participants and Employable with Accommodations participants some level of GROW services.</p> <p>However, the numbers below refer to the potential number of individuals who would participate in a pilot project that expands and enhances services as indicated above.</p> <p>A (TAY, Veterans, Mandatory Substance Abuse): 1,200</p>

	<p>B (Employable with Accommodations): 100 C (NSA): 100 D (Foster Care, Probation) : 180 TOTAL GROW PARTICIPANTS 1,580 E (N/A – Refers to evaluation plan on all GROW components)</p>
Number of GR participants to be moved into jobs	30% = 475 from the 1,580 referenced above.
Costs and Source of Funding	<p>FY 2010/11 \$ 750,000 New NCC <u>\$ 750,000</u> New federal revenue \$1,500,000 Total Funding for all modifications</p> <p>\$1,500,000 will be utilized to cover expenses for pilot projects at selected GROW offices (one or two) to be designated.</p>
Reimbursements Expected	50% of GROW Program costs to be charged to FSET for individuals receiving food stamp benefits.
Number of Staff needed by the Departments	Effective July 2010, DPSS will need additional staff consisting of 13 GSWS and 2 GSSs for GROW Case Management and a Program Assistant.
Target Implementation Date	November 2010
Expected Outcomes	<p>Increased employments and services to Transitional Age Youth (age 18-24) and the development of program efficiencies.</p> <p><input checked="" type="checkbox"/> Helps Indigent Adults <input checked="" type="checkbox"/> Controls County's Costs</p>
How data will be tracked	Enrollment and participation of GROW recipients in the various sub-groups (TAY, Veterans, MSARP, NSA participants, and former foster care youth) and other participants enrolled in enhanced/customized GROW services will be tracked by DPSS' MAPPER system.

ISSUE: EMPLOYMENT/EMPLOYABILITY	
Recommended Action #13 Approved by the Board on 10/6/09	Establish collaboration between DPSS and the Probation Department to reduce the number of Emerging Adults (age 18-24) applying for GR benefits.
Implementation Plan	<ul style="list-style-type: none"> ▪ In collaboration with Probation Department, establish a mechanism for Probation to refer youth to the existing ARRA-funded GROW project for job-ready emerging young adults (18-24) by which they can be referred directly to subsidized employment through the SBWIB TSE plan, immediately after enrolling in GROW. This project will end on September 30, 2010, with referrals accepted until March 31, 2010. ▪ After expiration of the SBWIB TSE project cited above, these participants will be referred to the WorkSource Centers under contract with CSS and any other entities that can provide referrals for employment.
Lead Organization	DPSS, Probation Dept.
Support Organization(s)	CSS, DCFS, SBWIB, WorkSource Centers, CMD
Number of participants to be served each year	100
Number of GR participants to be moved into jobs	25% = 25
Costs and Source of Funding	No cost
Reimbursements Expected	N/A
Number of Staff needed by the Departments	No additional staff needed.
Target Implementation Date	January 2010
Expected Outcomes	Reduction in Emerging Adults (age 18-24) on probation who apply for GR benefits <input checked="" type="checkbox"/> Helps Indigent Adults <input checked="" type="checkbox"/> Controls County's Costs
How data will be tracked	SBWIB will provide reports on job placements and employment information (number of hours, pay rate, duration, retention).

ISSUE: EMPLOYMENT/EMPLOYABILITY	
Recommended Action #14 Approved by the Board on 10/6/09	Pursue federal reimbursement through FSET, at a rate of 50%, for mental health, domestic violence, and, to the extent possible, substance abuse services provided to GROW participants.
Implementation Plan	DPSS Food Stamp Program Section is working on this project. The FSET plan for FFY 2010 incorporates this proposal. If approved by the State, reimbursement will be available from FSET, at 50% rate, when it is determined that the expenses resulting from services in the areas listed above, are needed to prepare participants for employment.
Lead Organization	DPSS
Support Organization(s)	None
Number of participants to be served each year	500
Number of GR participants to be moved into jobs	25% of 500 = 125
Costs and Source of Funding	No cost
Reimbursements Expected	Increased revenue
Number of Staff needed by the Departments	No additional staff needed
Target Implementation Date	October 2009 (State approval pending. If approved, reimbursement will be retroactive to this date).
Expected Outcomes	Reduces NCC for these services. <input checked="" type="checkbox"/> Helps Indigent Adults <input checked="" type="checkbox"/> Controls County's Costs
How data will be tracked	DPSS' MAPPER system and DPSS - Financial Management Division track these expenses.

ISSUE: EMPLOYMENT/EMPLOYABILITY	
Recommended Action #15 Approved by the Board on 10/6/09	Establish collaboration with CSS, LA City and all other Workforce Investment Boards to provide job services and employment opportunities through the WorkSource Centers, geared toward both youth and adult GROW participants.
Implementation Plan	CSS has provided a liaison (Irene Pelayo) who is working closely with the WorkSource Centers under contract with CSS, and with GROW Program (DPSS) to enhance the referral process and outcomes of GROW participants referred to the WorkSource Centers for employment opportunities. Through collaboration with LAFLA, and the DPSS member of the LA City WIB, we will explore feasibility of similar partnership with LA City WIB during FY 10 – 11.
Lead Organization	DPSS
Support Organization(s)	CSS, LA City, Other WIBs
Number of participants to be served each year	500 per year
Number of GR participants to be moved into jobs	25% of 500 = 125
Costs and Source of Funding	No cost
Reimbursements Expected	N/A
Number of Staff needed by the Departments	No additional staff needed
Target Implementation Date	March 2010
Expected Outcomes	Increased employments [X] Helps Indigent Adults [X] Controls County's Costs
How data will be tracked	DPSS' MAPPER system needs enhancements to the system to track enrollments and outcomes.

ISSUE: EMPLOYMENT/EMPLOYABILITY	
Recommended Action #16 Approved by the Board on 10/6/09	Expand GROW to include GED preparation
Implementation Plan	<ul style="list-style-type: none">▪ Create a list of schools that offer GED, from the current education inventory, to facilitate referral process. Add schools when appropriate.▪ Promote the current GED component in GROW to increase utilization by GROW Case Managers as a means of job preparation for GROW participants.
Lead Organization	DPSS
Support Organization(s)	Education entities.
Number of participants to be served each year	300
Number of GR participants to be moved into jobs	25% of 300 = 75
Costs and Source of Funding	No additional cost to the County
Reimbursements Expected	N/A
Number of Staff needed by the Departments	No additional staff needed
Target Implementation Date	November 2010
Expected Outcomes	Increased employment placements <input checked="" type="checkbox"/> Helps Indigent Adults <input checked="" type="checkbox"/> Controls County's Costs
How data will be tracked	DPSS' MAPPER system will be enhanced to produce needed reports

ISSUE: OTHER	
Recommended Action #17 Approved by the Board on 10/6/09	Conduct a comprehensive study of the Mandatory Substance Abuse and Recovery Program (MSARP) to evaluate its effectiveness. <ul style="list-style-type: none">A. DPSS and DPH-ADPA will evaluate the redesign of MSARP based upon the results of the evaluation.B. Use the evaluation outcomes and DPH-ADPA Rate Study to inform a resolicitation process for GR services.C. Evaluate the need for substance abuse treatment services for emerging adults ages 18-24 and the need to design specialized treatment services for this population.
Implementation Plan	DPSS, in coordination with DPH and CEO/SIB/RES will <ul style="list-style-type: none">▪ identify the population groups that receive MSARP treatment;▪ identify the data elements of the MSARP Program;▪ determine the information needed to determine the efficiency of the MSARP Program;▪ review all information received in order to determine the efficiency of the MSARP Program.
Lead Organization	DPSS/CEO-Service Integration Branch
Support Organization(s)	DPH
Number of participants to be served each year	N/A
Costs and Source of Funding	NCC 09/10, \$250,000
Reimbursements Expected	None
Number of Staff needed by the Departments	None – use existing staff.
Target Implementation Date	Meetings underway to finalize all study criteria. Target date for completion is July 1, 2010.
Expected Outcomes	Recommendations from the CEO-SIB related to the effectiveness of MSARP and changes needed to be made to the program. <input checked="" type="checkbox"/> Helps Indigent Adults <input checked="" type="checkbox"/> Controls County's Costs
How data will be tracked	N/A

ISSUE: OTHER	
Recommended Action #18 Approved by the Board on 10/6/09	Develop State and federal legislative/regulatory proposals to assist indigent adults and/or mitigate County costs and work with stakeholders to develop these proposals.
Implementation Plan	<ul style="list-style-type: none">▪ DPSS will convene a workgroup consisting of all interested parties to discuss possible legislative/regulatory proposals.▪ DPSS will clear all proposals with the IGR staff.▪ DPSS will draft proposals with review of County Counsel.▪ CEO will present proposals to the Board of Supervisors.▪ DPSS and County Advocates will pursue proposals adopted by Board of Supervisors.
Lead Organization	DPSS
Support Organization(s)	LAFLA; Public Counsel; CEO-IGR; County Counsel; NLS; JVS; SEIU 721; and any other interested GR Restructuring Workgroup members
Number of participants to be served each year	Entire caseload
Costs and Source of Funding	No cost
Reimbursements Expected	None – use existing staff.
Number of Staff needed by the Departments	None
Target Implementation Date	July 1, 2010
Expected Outcomes	Bring attention to the impact which policy and program decisions at the federal and State level have on the size and cost in County government of the GR program. <input type="checkbox"/> Helps Indigent Adults <input checked="" type="checkbox"/> Controls County's Costs
How data will be tracked	To Be Determined

ISSUE: OTHER	
Recommended Action #19 Approved by the Board on 10/6/09	DPSS expand data collection for the GR program.
Implementation Plan	<ul style="list-style-type: none">• DPSS to determine the data needs.• Where data needs are not collected electronically, set up manual process.• Where data needs are collected electronically, set up electronic reports to collect.• Analyze all data collected.• Additional data needs will be identified in the ongoing evaluation of the GR Restructuring recommendations performed by CEO-SIB. <p>(Expanded data collection will be central to the evaluation of GR Restructuring. The evaluation plan is to be considered by the Board of Supervisors as part of the Phase Two GR Restructuring recommendation.)</p>
Lead Organization	DPSS
Support Organization(s)	CEO-SIB
Number of participants to be served each year	Entire caseload
Costs and Source of Funding	Cost included in GR Restructuring Evaluation Plan.
Reimbursements Expected	None
Number of Staff needed by the Departments	None – use existing staff.
Target Implementation Date	On-going. Specific data enhancements depend on the implementation date for various elements of GR restructuring.
Expected Outcomes	The measurement of program outcomes and the evaluation of potential for program efficiencies. <input checked="" type="checkbox"/> Helps Indigent Adults <input checked="" type="checkbox"/> Controls County's Costs
How data will be tracked	N/A – recommendation is to identify data needed.

ISSUE: OTHER	
Recommended Action #20 Approved by the Board on 10/6/09	Include the GR program in the County's and DPSS' strategic plans.
Implementation Plan	<ul style="list-style-type: none">▪ DPSS will identify and suggest language appropriate to the GR Program to be included in the County Strategic Plan.▪ The 2010-13 DPSS Strategic Plan includes the following:<ul style="list-style-type: none">• By June 2010, redesign the General Relief Program to reduce homelessness, increase the number of customers who transition to SSI and increase the number of customers who become employed.
Lead Organization	DPSS/CEO-Service Integration Branch
Support Organization(s)	To Be Determined
Number of participants to be served each year	N/A
Costs and Source of Funding	No cost
Reimbursements Expected	None
Number of Staff needed by the Departments	None – use existing staff.
Target Implementation Date	DPSS Strategic Plan – January 2010
Expected Outcomes	Focus attention on the size and costs of the program and the program's impact on the community. <input checked="" type="checkbox"/> Helps Indigent Adults <input checked="" type="checkbox"/> Controls County's Costs
How data will be tracked	N/A

ISSUE: OTHER	
Recommended Action #21 Approved by the Board on 10/6/09	Conduct a pilot having the current Linkages GAIN Services Workers at two or three small DCFS offices work with the Children's Social Workers to utilize the Transition Conference as an opportunity to connect foster youth with County services.
Implementation Plan	DPSS/DCFS will initiate a workgroup to include staff currently assigned to this project, i.e., Linkages GAIN Services Workers, to work on the development of this plan.
Lead Organization	DCFS
Support Organization(s)	DPSS
Number of participants to be served each year	To Be Determined
Costs and Source of Funding	No cost
Reimbursements Expected	None
Number of Staff needed by the Departments	None – use existing staff.
Target Implementation Date	July 2010
Expected Outcomes	Connects emancipated youth to services and provides the support needed to attain self-sufficiency. <input checked="" type="checkbox"/> Helps Indigent Adults: <input checked="" type="checkbox"/> Controls County's Costs
How data will be tracked	To Be Determined.

ISSUE: OTHER	
Recommended Action #22 Approved by the Board on 10/6/09	Provide better screening for Veterans and better referrals for assistance with claims and strengthen DPSS case management for veterans who are on GR to enable them to qualify faster for veteran's benefits and services.
Implementation Plan	<ul style="list-style-type: none"> ▪ Determine current process of identification of participants who are Veterans. ▪ Meet with Department of Military and Veterans Affairs (DMVA) representatives to determine their ability to assist with applications for VA benefits and establish contacts. ▪ Work with the DMVA to establish a strong working relationship. ▪ Work with DMVA to identify ways DPSS can assist veterans get information needed to expedite their applications. ▪ Explore doing a data match between DPSS and DMVA to identify GR participants potentially eligible to veteran's benefits. ▪ DPSS to work with LAFLA on a pilot program at one District Office to enhance Veteran's application for VA benefits. ▪ The GR Housing Subsidy will add Veteran's advocacy to the services offered to GR participants. ▪ Explore establishing an automated connection between DMVA and DPSS to facilitate case management. ▪ DPSS will work with Public Counsel to explore available resources to veterans.
Lead Organization	DPSS
Support Organization(s)	DMVA, LAFLA and The Center for Veterans Advancement at Public Counsel
Number of participants to be served each year	To Be Determined.
Costs and Source of Funding	No cost
Reimbursements Expected	None
Number of Staff needed by the Departments	None – use existing staff.
Target Implementation Date	July 1, 2010
Expected Outcomes	<p>Will improve likelihood of approval for veterans benefits and movement off of GR.</p> <p><input checked="" type="checkbox"/> Helps Indigent Adults <input checked="" type="checkbox"/> Controls County's Costs</p>
How data will be tracked	Same type of reporting system as used to track SSI approvals.

ISSUE: OTHER	
Recommended Action #23 Approved by the Board on 10/6/09	Assess and enhance the current mechanisms designed to enable former foster care youth, medically indigent under 21 and probation youth to receive and retain Medi-Cal.
Implementation Plan	<ul style="list-style-type: none">▪ Establish electronic means to identify all former foster care youth.▪ Designate a staff person in DPSS to handle all applications for former foster care youth under the age of 21 and all probation youth.▪ DPSS will work with Probation to establish a referral system to ensure these participants are properly coded to receive and retain Medi-Cal.
Lead Organization	DPSS
Support Organization(s)	Probation Department, NLS, LAFLA, DCFS
Number of participants to be served each year	To Be Determined.
Costs and Source of Funding	State/Federal Medi-Cal Admin funding
Reimbursements Expected	Possibly retroactive Medi-Cal.
Number of Staff needed by the Departments	None – use existing staff.
Target Implementation Date	January 2010
Expected Outcomes	Provide coverage for medical treatment necessary to provide stability and/or to develop disability documents for SSI eligibility. [X] Helps Indigent Adults [X] Controls County's Costs
How data will be tracked	To Be Determined.

ISSUE: OTHER	
Recommended Action #24 Approved by the Board on 10/6/09	<p>Increase the GR Participants resources by:</p> <ul style="list-style-type: none"> A. Allowing GR recipients to remain on GR while saving more money. Permit GR participants to maintain a Restricted Savings Account up to a pre-determined amount for the purpose of saving for housing, education or training expenses, and/or to start a business that would not be countable towards the property limit. B. Helping participants who have child support obligations by: <ul style="list-style-type: none"> a. Educating workers and participants about the assistance DPSS currently offers to help lower child support payments for participants. b. Work with the Child Support Services Department to reduce child support payments for participants after they leave GR for the first six months they have a job, to allow them to get on their feet before resuming higher child support payments.
Implementation Plan	<ul style="list-style-type: none"> ▪ DPSS will update GR policy to allow GR participants to maintain a Restricted Savings Account up to a pre-determined amount for the purpose of saving for housing, education or training expenses, and/or to start a business that would not be countable towards the property limit. The GR policy will mirror the Food Stamp policy. ▪ Develop training for all DPSS GR Intake EWs regarding the ability to reduce child support payments. ▪ Continue the interface with CSSD to identify all GR participants and to continue to automatically request reduction of child support requirements in court for GR participants while receiving GR. ▪ Meet with CSSD to determine the possibility of keeping the child support payments reduced for some number of months after GR is terminated due to employment.
Lead Organization	DPSS
Support Organization(s)	DCFS; CSSD; Public Defender; LAFLA
Number of participants to be served each year	To Be Determined
Costs and Source of Funding	No cost to implement, but small increase in NCC for GR assistance due to additional months of GR assistance for participants who establish a restricted account, within the existing maximum 9-month period of eligibility for employable recipients.
Reimbursements Expected	None
Number of Staff needed by the Departments	None – use existing staff.

Target Implementation Date	October 1, 2010
Expected Outcomes	Increased likelihood of self-sufficiency and decreased recidivism. <input checked="" type="checkbox"/> Helps Indigent Adults <input checked="" type="checkbox"/> Controls County's Costs
How data will be tracked	To Be Determined.

ISSUE: OTHER	
Recommended Action #25 Approved by the Board on 10/6/09	Add positions in GR offices, through September 30, 2010, utilizing TANF emergency contingency funds (ECF), to assist GR participants navigate the GR process. Positions may be filled with GR non-custodial parents (NCPs) who qualify for ECF-funded subsidized employment.
Implementation Plan	<ul style="list-style-type: none">▪ Create an outreach plan with specific strategies and targets to do outreach to GR NCPs, CalWORKs participants and other eligible needy parents.▪ Participants will be trained by a team of community advocates and DPSS experts. Training will be ongoing throughout the course of service.▪ The Mental Health System Navigator and Peer Advocate models will be studied and best practices evaluated for potential adoption.▪ Reference materials will be developed and provided as part of training modules throughout length of service.
Lead Organization	DPSS
Support Organization(s)	None
Number of participants to be served each year	To Be Determined.
Costs and Source of Funding	Additional costs funded through the TANF Emergency Contingency Fund - No NCC
Reimbursements Expected	TANF Emergency Contingency Fund.
Number of Staff needed by the Departments	No County staff. Subsidized employees through the Southbay Workforce Investment Board.
Target Implementation Date	March 2010.
Expected Outcomes	GR applicants/participants have fewer problems complying with GR program rules. [X] Helps Indigent Adults [X] Controls County's Costs
How data will be tracked	To Be Determined.

ISSUE: OTHER	
Recommended Action #26 Approved by the Board on 10/6/09	CEO-SIB conduct an evaluation of GR program mandates, rules, time limits, sanctions, operational processes, and data limitations, including a cost/benefit analysis.
Implementation Plan	<ul style="list-style-type: none"> ▪ Set up a committee consisting of CEO-SIB, DPSS, and community advocates to review all pertinent GR program mandates and rules. ▪ Request other counties provide a copy of their rules to compare with L.A. County. ▪ Include an assessment of Homeless Case Managers' duties and responsibilities and determine if Case Managers would be able to take on responsibility for helping GR clients do more of the leg work to obtain housing assistance. The goal is to have Case Managers complete, procure, and submit necessary paperwork instead of having the GR recipient do so, to expedite the application process and to reduce errors.
Lead Organization	DPSS/CEO-SIB
Support Organization(s)	Community Advocates
Number of participants to be served each year	N/A
Costs and Source of Funding	<u>FY 2009/10</u> \$200,000 – New NCC approved on October 6, 2009 as part of GR Restructuring Phase One recommendations.
Reimbursements Expected	None
Number of Staff needed by the Departments	None – use existing staff.
Target Implementation Date	October 1, 2010
Expected Outcomes	Recommendations from the CEO-SIB related to the effectiveness of sanctions, time limits, and GR operational processes. <input checked="" type="checkbox"/> Helps Indigent Adults <input checked="" type="checkbox"/> Controls County's Costs
How data will be tracked	To Be Determined.

ISSUE: OTHER	
Recommended Action #27 Approved by the Board on 10/6/09	Establish a GR Anti-Homelessness Account in the CEO's budget to fund enhanced services to reduce GR homelessness. Fund this account with savings from enhanced GR services, including but not limited to GR grant savings for participants who receive a rental subsidy and secure employment/SSI, and Interim Assistance Reimbursement for rental subsidies for GR participants who qualify for SSI.
Implementation Plan	<p>DPSS and the CEO will develop and implement a mechanism, effective January 1, 2010, to identify GR participants receiving a rental subsidy who exit GR due to securing employment or being approved for SSI. This mechanism will identify the four categories of savings specified in the October 6, 2009 GR Restructuring Board letter:</p> <ol style="list-style-type: none"> 1. Interim Assistance Reimbursement for GR grant costs; 2. Interim Assistance Reimbursement for rental subsidies; 3. projected future grant savings for participants approved for SSI; and 4. projected future grant savings for participants who secure employment. <p>The two sources of savings involving Interim Assistance Reimbursement will be credited to the GR anti-homelessness account upon receipt. The projected future grant savings for participants approved for SSI will be credited to the account over three fiscal years. The projected future grant savings for participants who secure employment will be credited in the fiscal year that the participant exits GR.</p>
Lead Organization	CEO; DPSS
Support Organization(s)	None
Number of participants to be served each year	To Be Determined.
Costs and Source of Funding	No cost to establish account
Reimbursements Expected	None
Number of Staff needed by the Departments	None – use existing staff.
Target Implementation Date	January 2010
Expected Outcomes	<p>Reduced homelessness, increased SSI approvals, and increased employments.</p> <p>[X] Helps Indigent Adults [X] Controls County's Costs</p>
How data will be tracked	Reports from the Housing Subsidy and SSI Advocacy on all cases where participants transition to employment or SSI.

Proposed SSI Advocacy Pilot at the DPSS South Special District Office

Part One

- A) Create a two-year pilot program at the South Special DPSS office where County social workers would work side-by-side with one or more community-based organizations. Workloads would be equally distributed and best practices evaluated and implemented through a team approach.
- B) To alleviate the high caseload, one or more community-based organizations will share the existing caseload at the DPSS South Special Office with current DPSS GR/SSI Advocates in a pilot program.
- C) Provide training for County employees in the SOAR model, successfully used in states across the country, to maximize SSI approval rates.
- D) Maintain current program assignments and status of DPSS employees in GR/SSI Advocacy Services.
- E) All workers – community and DPSS – will convene regular meetings to share best practices and identify solutions to problems.
- F) All workers – community and DPSS – will provide the same incentives to the clients to keep participants connected to the advocates and have access to the same tools.
- G) Coordinate with DMH and DHS - looking at the Integrated Service System Team (ISST) approach and other models - and develop protocols on how the DPSS GR/SSI advocates and CBOs will work with those departments to maximize success.
- H) Develop protocols to allow County employees to engage in outreach efforts including conducting visits at homes, shelters, clinics and non-traditional sites.
- I) Conduct an evaluation at 12 months to evaluate the pilot program and strategies utilized.

- J) DPSS issues a comprehensive report to the Board of Supervisors at 18 months which would include among other issues:
- a. How approval rates are affected overall
 - b. Assessment of decreased caseloads of DPSS employees
 - c. Assessment of community-based organizations participation
 - d. Practices utilized and changes to system
 - e. Assessment of development of ISST and recommended protocols
 - f. Recommendations of best practices
 - g. Evaluation of SOAR implementation
 - h. Progress of team approach

Part Two

- A) Create a two-year pilot program at South Special DPSS office through which DPSS GR/SSI Social Workers will be outstationed at community and/or County clinics and potentially other sites.
- B) Workers participating in the pilot program will be based out of their DPSS office part of the week and at participating agencies the other part of the week.
- C) Locations for outstationing will be determined by engaging interested partner agencies and can include multiple clinics and potentially other sites.
- D) Develop protocols to allow County employees to engage in outreach efforts including conducting visits at homes, shelters, clinics and non-traditional sites.
- E) Conduct an evaluation at 12 months to evaluate the pilot program and strategies utilized.
- F) Include this program in the comprehensive report that DPSS issues to the Board of Supervisors at 18 months.

**GENERAL RELIEF RESTRUCTURING WORKGROUP
PHASE TWO CONSENSUS RECOMMENDATIONS**

TABLE OF CONTENTS

<u>No.</u>	<u>Recommendation</u>	<u>Page</u>
<u>Adult Linkages Project</u>		
28.	Informational Hand-out on Banks and Money Management.....	2
<u>Housing/Homelessness</u>		
29.	Eliminate the 9-month limit on housing subsidies for Employable GR participants.....	2
30.	Dialogue with Board and Care facilities	2
<u>SSI Advocacy</u>		
31.	Improvements to the GR SSI and Medi-Cal Advocacy Program	3
32.	Ancillary Expenses for GR Participants Pursuing SSI	4
33.	Collaborating With Private Medical Facilities to Retrieve Medical Records	4
34.	Health and Mental Health Treatment to Substantiate SSI Applications	4
35.	Case Management by SSI Advocates	5
36.	Ongoing Health and Mental Health Treatment for GR Participants Pursuing SSI.....	5
37.	Identifying GR Participants formerly approved for SSI	5
38.	SSI Approval Targets	5
39.	Addressing Non-Disability-related SSI Eligibility Issues	6
40.	Strengthen Relationship with Social Security Administration.....	6
41.	Transportation Pilot for GR Participants Pursuing SSI	6
<u>Other</u>		
42.	GR Restructuring Steering Committee	7

ISSUE: ADULT LINKAGES PROJECT		RECOMMENDATION	INTENDED OUTCOMES	FUNDING NEEDED
#*				
28.	Assist GR participants manage their money better by:	<ul style="list-style-type: none"> ▪ Formulating a list of banks that allow recipients to establish accounts with no minimum balances and minimal overdraft fees. ▪ Assembling training materials instructing clients about budgeting and money management as well as the security advantages of keeping their funds in a bank account. The instruction topics would also include balancing their check book, if utilizing an ATM to check their account status, and avoiding bank fees. ▪ Focusing on providing this information to GR participants securing SSI benefits. ▪ Engaging with community organizations involved with assisting individuals with money management issues. ▪ Seeking volunteer agencies who will offer training or assistance to GR participants on money management. 	Assist GR participants to transition into mainstream banking practices. <input checked="" type="checkbox"/> Helps Indigent Adults <input type="checkbox"/> Controls County Costs	No cost

ISSUE: HOUSING/HOMELESSNESS		RECOMMENDATION	INTENDED OUTCOMES	FUNDING NEEDED
#				
29.		Do not limit the housing subsidy to 9 months for employable GR participants. Instead, permit employable GR participants who reach the 9-month time limit to continue receiving the subsidy during the 3 months that they are ineligible to GR.	Prevent homelessness. <input checked="" type="checkbox"/> Helps Indigent Adults <input checked="" type="checkbox"/> Controls County's Costs	No additional cost. Funding otherwise allocated for GR rental subsidies will be used.

*Recommendations 1-27 were approved by the Board of Supervisors on October 6, 2009.

30.	DPSS should engage in a dialogue with board and care operators to determine how to increase usage of board and care facilities by homeless GR participants. Explore providing information to GR participants on board and care facilities upon release from emergency rooms or hospitals.	Decrease the incidence of homelessness among GR participants.	[X] Helps Indigent Adults [X] Controls County's Costs	No cost	
31.	Improve upon DPSS' GR SSI and Medi-Cal Advocacy Program by: <ol style="list-style-type: none"> Advocating for a change in federal regulations that would extend the protected filing date from 60 days to as many as 365 days, to increase the period of time during which the County could secure Interim Assistance Reimbursement for GR grants/rental subsidies and retroactive Medi-Cal. Customizing the approach to securing SSI based on the condition and available documentation for individual GR participants by: <ul style="list-style-type: none"> Better identifying GR participants who are potentially eligible for SSI through a more extensive medical and/or mental health disability assessment (approved in Phase One). Evaluating available medical treatment documentation and utilizing the document retrieval process (approved in Phase One), if necessary. Evaluating whether a comprehensive medical/mental health evaluation (approved in Phase One), and the resulting write-up would strengthen the SSI application, and, if so, refer the participant for an evaluation. Making an appropriate decision about when to file the SSI application in order to increase the chance of approval, based on the participant's situation and the results of any assessments, medical documentation, and/or evaluation. 	Assist GR participants to transition from GR to SSI benefits.	[X] Helps Indigent Adults [X] Controls County's Costs	No cost	

ISSUE: SSI ADVOCACY		RECOMMENDATION	INTENDED OUTCOMES	FUNDING NEEDED
#				
	3.	Implementing the SSI/SSDI Outreach Access and Recovery (SOAR) principles and strategies.		
	4.	Seeking training from Social Security Administration for DPSS SSI advocates on SSI medical disability standards and case development.		
	5.	Developing the disability assessment and evaluation tools in consultation with medical/mental health professionals and experienced SSI advocates		
	32.	Provide ancillary expenses for showers, shoes, clothes, etc., for those pursuing SSI, including a motel voucher for the night before an SSI appointment with California Department of Social Services or Social Security Administration, when needed to enable the participant to arrive on time.		\$200,000 – NCC
	33.	Collaborate with private medical facilities to retrieve medical and mental health records on behalf of GR participants to support their disability claim for SSI as part of the current DPSS-DHS homeless release project.	Assist GR participants to transition from GR to SSI benefits. <input checked="" type="checkbox"/> Helps Indigent Adults <input checked="" type="checkbox"/> Controls County Costs	No cost
	34.	Assist GR participants applying for SSI benefits by: <ul style="list-style-type: none"> ▪ Identifying GR participants who are in need of mental health treatment to secure medical documentation needed to secure SSI; ▪ Subject to funding, providing mental health treatment to those participants; ▪ Prioritizing mental health services for GR participants who need to pursue SSI; ▪ Documenting those who cannot be treated due to lack of funding; ▪ Ensuring cost recoupment from retroactive Medi-Cal; ▪ Assessing current procedures for providing mental health treatment to GR participants; and ▪ Recommending changes to better keep participants engaged in treatment. 	Assist GR participants to transition from GR to SSI benefits. <input checked="" type="checkbox"/> Helps Indigent Adults <input checked="" type="checkbox"/> Controls County Costs	Existing DMH Funding to the extent available

ISSUE: SSI ADVOCACY		RECOMMENDATION		INTENDED OUTCOMES		FUNDING NEEDED										
#																
35.	DPSS SSI Advocates should provide case management that will help GR SSI applicants keep track of appointments.			Assist GR participants to transition from GR to SSI benefits. <input checked="" type="checkbox"/> Helps Indigent Adults <input checked="" type="checkbox"/> Controls County Costs		No cost										
36.	Pursue a pilot to coordinate ongoing health and mental health treatment for GR participants pursuing SSI, dependent upon available funding.			Assist GR participants to transition from GR to SSI benefits. <input checked="" type="checkbox"/> Helps Indigent Adults <input checked="" type="checkbox"/> Controls County Costs		No NCC										
37.	Strengthen current process to identify GR participants who were previously on SSI and prioritize SSI advocacy for them.			Assist GR participants to transition from GR to SSI benefits. <input checked="" type="checkbox"/> Helps Indigent Adults: <input checked="" type="checkbox"/> Controls County's Costs		No cost										
38.	Establish the following targets for SSI Approvals: 1. For SSI applications filed in FY 10/11 and ongoing, increase the SSI approval rate at the initial application level to at least 50% in FY 10/11, to at least 60% in FY 11/12, and to at least 70% in FY 12/13. 2. For the overall number of SSI approvals, increase the number of SSI approvals as follows:			Assist GR participants to transition from GR to SSI benefits as soon as possible and increase the number of GR participants approved for SSI. <input checked="" type="checkbox"/> Helps Indigent Adults: <input checked="" type="checkbox"/> Controls County's Costs		No cost										
					<table border="1"> <thead> <tr> <th></th> <th>FY 2008-09 Baseline</th> <th>FY 2010-11 Target</th> <th>FY 2011-12 Target</th> <th>FY 2012-13 Target</th> </tr> </thead> <tbody> <tr> <td>Total SSI Approvals</td> <td>5891</td> <td>6400</td> <td>6900</td> <td>7400</td> </tr> </tbody> </table>		FY 2008-09 Baseline	FY 2010-11 Target	FY 2011-12 Target	FY 2012-13 Target	Total SSI Approvals	5891	6400	6900	7400	
	FY 2008-09 Baseline	FY 2010-11 Target	FY 2011-12 Target	FY 2012-13 Target												
Total SSI Approvals	5891	6400	6900	7400												

39.	Address/fix non-disability related SSI eligibility issues such as citizenship documentation, birth certificate, etc.	Assist GR participants to transition from GR to SSI benefits. <input checked="" type="checkbox"/> Helps Indigent Adults: <input checked="" type="checkbox"/> Controls County's Costs	No cost
40.	Strengthen existing relationships with the Social Security Administration.	Assist GR participants to transition from GR to SSI benefits. <input checked="" type="checkbox"/> Helps Indigent Adults: <input checked="" type="checkbox"/> Controls County's Costs	No cost
41.	<p>Implement a transportation pilot project to evaluate the impact of providing monthly bus passes to two groups of GR participants to determine whether providing bus passes (instead of individual tokens) increases their likelihood of approval for SSI:</p> <ol style="list-style-type: none"> 1. GR participants pursuing SSI, and 2. GR participants receiving a housing subsidy and pursuing SSI. <p>The pilot will consist of 200 GR participants. Each participant will contribute \$10 per month toward the cost of the bus pass.</p> <p>Results will be compared after one year of the pilot. If providing bus passes is shown to be a good method of helping participants obtain approval of SSI benefits more quickly, DPSS will then explore ways of providing them to more participants.</p>	<p>Assist GR participants' transition onto SSI.</p> <p><input checked="" type="checkbox"/> Helps Indigent Adults <input checked="" type="checkbox"/> Controls County's Costs</p> <p>FY 2010 – 11 \$ 62,400 – NCC \$ 62,400 – New Federal Revenue \$124,800 – Total Funding</p>	

ISSUE: OTHER	RECOMMENDATION	INTENDED OUTCOMES	FUNDING NEEDED
42.	Reconstitute the GR Restructuring Workgroup as the GR Restructuring Steering Committee to meet quarterly to do the following: <ul style="list-style-type: none">■ Work together on the implementation process;■ Review evaluation data and make recommendations for any adjustments to processes or targets; and■ Identify and pursue opportunities for GR service integration.	[X] Helps Indigent Adults [X] Controls County's Costs	No cost

Restructuring the General Relief Program: Evaluation Plan CEO/SIB/RES

Background

The Los Angeles County Board of Supervisors has approved a plan for reforming the General Relief (GR) Program based on 27 policy recommendations offered jointly by a GR Redesign Workgroup, and the Board of Supervisors is scheduled to consider additional recommendations from the workgroup in December 2009. The Workgroup consists of representatives from multiple County departments, as well as from welfare and homeless advocacy organizations. The recommendations are intended to guide policymakers in efforts to make the GR program more effective for recipients and more efficient for the County in the deployment of resources. Evaluating the effectiveness of the implementation of the Workgroup's recommendations will be a crucial part of ensuring that the GR restructuring process achieves its objectives.

Outcomes and Pre-Post Test Design

The County's evaluation of the GR restructuring process will primarily focus on three recipient outcome areas:

- Housing;
- Employment;
- Approval for Federal disability benefits and services.

Statistical methods will be applied to administrative records from the County Departments directly involved in the restructuring of GR – DPSS, DHS, DPH, DMH, DCFS, Public Defender, Sheriff's and Probation – in order to evaluate the effects of the reform efforts. If necessary, additional data will be acquired from other County Departments and/or outside agencies. All data will be stored in a data warehouse so that outcomes can be tracked over time and reported quarterly. In addition to these quarterly data reports, CEO-SIB will provide an annual analysis based on this data.

The analysis of GR reform will be based on a pre-post test design comparing recipient outcome variables before and after the implementation of particular policy enhancements or sets of enhancements. Additionally, an analysis of cost effectiveness will be conducted for all enhancements in order to estimate their capacity to yield cost savings.

Reform Areas and the Groups of GR recipients to be Observed¹

The evaluation of the GR restructuring efforts will be divided into four areas corresponding to the types of reforms to be made and the types of participants to be affected by the reforms. The various recommendations approved by the Board of Supervisors on October 6, 2009, are sorted among these four areas, and any additional GR Restructuring recommendations approved by the Board in December 2009 or thereafter will be included in the appropriate area:

1. Enhanced coordination among County departments serving GR participants

(Recommendations # 1, 2, 3, 4, 13)

Reforms in this area focus on the following sub-groups of GR recipients:

- Recipients targeted as frequent users of other County services (#1);
- Recipients served by the innovative service integration model (#2);
- Recipients served by the services integrated between the Sheriff's Department and DPSS (#3);
- Recipients served by police agencies who make social services referrals for the homeless and connect them with resources (#4);
- Emerging Adult recipients (age 18-24) released from the Probation Department who applied for GR benefits (#13).

After the implementation of recommendations in this area, recipients in the sub-groups listed above will be tracked for one year and pre-post reform comparisons will be made of their housing, employment and Federal benefit eligibility outcomes.

2. Housing and homelessness programs for GR participants

(Recommendations # 5, 7)

Reforms in this area focus on the following sub-groups of GR recipients:

- GR recipients who are (1) employable, or (2) disabled and pursuing SSI and/or other Federal disability benefits, and who have benefited from the expanded rental subsidy program (#5).
- Mentally ill GR recipients who are moved into supportive housing (#7)

¹ In addition to the areas to be evaluated discussed in this research plan, CEO/SIB/RES is also in the early stages of conducting two additional analyses connected to GR and the process of GR reform. The first of these will evaluate the Mandatory Substance Abuse Recovery Program (MSARP) for persons entering GR with detected needs for substance abuse treatment (see Recommendation #17 of the Workgroup's GR Restructuring Plan). The second analysis will be a GR process evaluation analyzing the flow of participants through the GR program in an attempt to identify both person-level and program-level barriers that hinder the movement towards self sufficiency (see recommendation #26 of the Workgroup's GR Restructuring Plan).

After the implementation of recommendations in this area, recipients in the sub-groups listed above will be tracked for one year and pre-post reform comparisons will be made of their housing, employment and Federal benefit eligibility outcomes.

3. SSI and other benefits advocacy programs for GR participants

(Recommendations # 8, 9, 10, 22, 23)

Reforms in this area focus on the following sub-groups of GR recipients:

- Recipients served by the new extensive medical/mental health disability assessment performed by (1) DMH, (2) DHS or possibly DPH, and/or (3) DHS Public Private Partners (#8)
- Recipients whose medical and mental health records were retrieved from DHS, DMH, and LASD to support their disability claim for SSI (#9)
- Recipients who qualify for SSI and Medi-Cal, and their retroactive Medi-Cal payments were recovered (#10)
- Recipients who are veterans and received enhanced case management services (#22)
- Recipients who are former foster youth receiving services to obtain and/or retain Medi-Cal (#23)

After the implementation of recommendations in this area, recipients in the sub-groups listed above will be tracked for one year and pre-post reform comparisons will be made of their housing, employment and Federal benefit eligibility outcomes.

4. Extension of GROW and employment programs for GR participants

(Recommendation # 12, 15, 16)

Reforms in this area focus on the following sub-groups of GR recipients:

- Recipients in GROW who received enhanced and customized services after the reorganization of GROW including (#12):
 - Transitional Age Youth (TAY);
 - Veterans;
 - Recipients exiting Mandatory Substance Abuse Program (MSARP).
 - Volunteers
 - Need Special Assistance (NSA) recipients who volunteer in GROW
 - Recipients in GROW aged 18-24 who come out of foster care and probation
- Recipients in GROW who received job services and employment opportunities through the WorkSource Centers (#15)
- Recipients in GROW who received GED preparation (#16)

Research Questions

The following research questions are structured around the outcome areas of interest and will guide the evaluation of the GR reform efforts:

A) GR Participation

1. Among the different recipient groups, how does the average length of GR tenure after the implementation of the GR reforms compare to the average length of tenure prior to the reforms?
2. How does the average number of GR episodes per recipient after the implementation of the reforms compare to the average number of episodes prior to the reforms?
3. How does the number and proportion of temporarily unemployable designation after the reforms compare to the number and proportion of temporarily unemployable designation prior to the implementation of the reforms? What role do restructured GR programs play in moving temporarily unemployable recipients off benefits?
4. How does the duration of the temporarily unemployable designation after the reforms compare to the duration of the temporarily unemployable designation prior to the implementation of the reforms?
5. How does the number and proportion of the permanently unemployable designation after the reforms compare to the number and proportion of permanently unemployable designation prior to the implementation of the reforms?

B) Housing

1. For GR recipients receiving either housing subsidies or supportive housing for the mentally ill, how does the rate and extent of homelessness after the implementation of the reforms compare to the rate and extent of homelessness prior to the implementation of the reforms?
2. For GR recipients receiving either housing subsidies or supportive housing for the mentally ill, how does the average duration of stays in residential housing units after the implementation of the reforms compare to the duration of stays prior to the reforms?
3. What kind of housing are GR recipients moving into when they receive either housing subsidies or supportive housing for the mentally ill? What is the average number of tenants living in properties where these types of GR recipients live? To what extent do these GR recipients share with other GR recipients and/or recipients of benefits and services from other welfare programs?

C) Employment

1. To what extent do Employable/GROW GR recipients find employment after the implementation of the reforms relative to the same kinds of recipients prior to this implementation?
2. Among Employable/GROW GR recipients, how do the average spells of employment and unemployment after the implementation of the reforms compare to these spells prior to the reforms?
3. Among Employable/GROW recipients, how do average earnings after the implementation of the reforms compare with average earnings prior to the reforms?

D) Approval for Federal Benefits

1. Among the different recipient groups, how do the number of applications for Federal benefits after the implementation of the reforms, as well as the approval rate for these benefits, compare with the number of applications and approval rates prior to the implementation of the reforms? In addition, how do the approval rates before and after the reforms compare at each stage of the application and appeal process?
2. How does the length of the application and approval processes compare before and after the implementation of the reforms?
3. What are the rates of approval for SSI benefits among previously denied GR recipients? Were previously denied recipients participating in the GR SSI advocacy program when they were denied?

E) Cost Avoidance

1. Among the different recipient groups – and for all the observed GR recipients taken as a whole – how do program and service costs after the implementation of the reforms compare to these costs prior to the implementation of the reforms?
2. How does the average length and frequency with which GR recipients use particular kinds of County services compare before and after the implementation of the reforms?
3. How do IAR reimbursements for the GR grants and rental subsidies compare before and after the implementation of the reforms?
4. How do Federal reimbursements for housing subsidy payments made to employable GR participants through the Food Stamp and Employment Training (FSET) fund compare before and after the implementation of the reforms?

5. How do retroactive Medi-Cal payments for DHS and DMH after the implementation of the GR reforms compare with these payments prior to the implementation of the reforms?
6. How does the number and proportion of GR participants using other county services (such as jail, hospitals and clinics) after implementation of the reforms compare with the number and proportion using these services prior to the reforms?

Evaluation Costs

The Research and Evaluation Services unit within the CEO estimates that the cost of conducting a full evaluation of the GR Restructuring effort, including the preparation of quarterly data reports and analysis, will be **\$800,000** through June 2013. The factors informing this cost estimate are as follows:

Based on the recommendations in the restructuring plan and RES' evaluation plan, analysis will need to take place in four areas: (1) GROW and Employment Outcomes; (2) Disabled Recipients and Gaining Eligibility for SSI; (3) Homelessness and Housing; (4) Heavy Users of County Services and Special Populations (e.g. TAY, veterans, foster care, and jailed recipients). Each of these areas would include its own analyses of participation dynamics and the cost savings yielded through restructuring efforts.

RES would be involved in the evaluations in each of these areas and will produce the quarterly data reports and analysis referenced in this research plan. However, due to the unit's limited manpower, each evaluation area would be outsourced to contract researchers. RES' involvement would entail providing direction, obtaining data, assisting with data related issues, conducting evaluation briefings, and overall project management. RES estimates that each evaluation area will cost \$100,000 for the contractors and \$100,000 for RES' services and costs. With four evaluation areas, the overall cost to evaluate the restructuring efforts would therefore be \$800,000. The \$800,000 and the evaluation work it would pay for would be spread over three years, with \$300,000 to be used by June 2011, \$250,000 to be used by June 2012, and \$250,000 to be used by June of 2013.

GENERAL RELIEF RESTRUCTURE

Proposed Utilization of \$1 Million NCC in FY 2009/10 DPSS Budget Not Allocated in GR Restructuring Phase One

	FY 09/10	FY 10/11
Document Retrieval Services for GR Participants (Recommendation #9)	\$ 15,871 – additional NCC ⁽¹⁾ Projected number of Records Retrieved: 1,560 from April through June 2010.	\$ 494,683 – additional NCC ⁽¹⁾ Projected number of Records Retrieved: 6,240
Annual maintenance cost of an ALP mechanism to identify the County Service history of individual GR applicants and/or participants (Recommendation #1)	\$0	\$18,000 – NCC (This is 9% of the total annual cost, since DPSS will claim this as an allocable cost. The CEO will pursue separate funding for the initial, one-time cost of establishing this mechanism.)
LASD position to interface with DPSS and community advocates to assist with SSI advocacy services for GR participants pursuing SSI (Recommendation #3)	\$0	\$78,868 - NCC
Public Defender position to assist GR participants with SSI advocacy (Recommendation # 11)	\$0	\$ 51,747 – NCC \$ 51,746 – New Federal Revenue \$103,493 – Total Funding
Ancillary Expenses for GR participants pursuing SSI (Recommendation #32)	\$0	\$200,000 – NCC
Expanded Transportation Assistance Pilot for 200 GR participants pursuing SSI on a pilot basis (Recommendation #41)	\$0	\$ 62,400 – NCC \$ 62,400 – New Federal Revenue \$124,800 – Total Funding
Evaluation of the approved GR restructuring recommendations	\$0	\$27,000 – NCC (This is 9% of the total FY 2010-11 cost, since DPSS will claim this as an allocable cost.)
3 DPSS Program Assistant positions to support GR Restructuring	\$11,931 – NCC (January – June)	\$23,862 – NCC (This is 9% of the total FY 2010-11 cost, since DPSS will claim this as an allocable cost.)
Total:	\$27,802 – NCC	\$956,560 – NCC

(1) Funding for Document Retrieval Services was previously approved by the Board during Phase One. DPSS expected to be able to draw down 75% federal reimbursement through the CSBG – Skilled Professional Medical Personnel funding stream. DPSS has since confirmed that this funding stream is not available for this purpose. However, the 50% federal reimbursement is available through the CSBG –Health Related funding stream. Therefore, the NCC needed for this service needs to be increased, based on this reduction in the rate of federal reimbursement.

GENERAL RELIEF RESTRUCTURING

POTENTIAL OPTIONS TO RENAME THE GENERAL RELIEF PROGRAM IN LOS ANGELES COUNTY

Potential New Names Suggested by the GR Restructuring Workgroup

1. Transitional Assistance and Services Program (TASP)
2. Adult Transitional Assistance and Services Program (ATASP)
3. Los Angeles Transitional Assistance Program (LA TAP)

Names For General Relief Programs In Other California County Jurisdictions

Jurisdiction	Name For General Relief
Orange County	General Relief
San Bernardino County	General Relief
Riverside County	General Relief
Ventura County	General Relief
Sacramento County	General Assistance
San Francisco County	General Assistance/County Adult Assistance Program (CAAP)

Names For General Relief Programs In Other States¹

State	Name For General Relief
Alaska	General Relief or Interim Assistance
Arizona	General Relief
Colorado	Aid to the Needy Disabled
Connecticut	State Administered General Assistance
Delaware	General Assistance
Hawaii	General Assistance
Idaho	General Assistance
Illinois	Transitional Assistance or Family and Children Assistance
Indiana	Poor Relief
Iowa	General Assistance
Kansas	General Assistance
Maine	General Assistance
Maryland	Transitional Emergency Medical and Housing Assistance (TEMHA)
Massachusetts	Emergency Aid to the Elderly, Disabled, and Children
Michigan	State Disability Assistance
Minnesota	General Assistance
Missouri	General Relief
Nebraska	State Disability Program or County General Assistance
Nevada	Direct Assistance Service

¹ Information obtained from the Urban Institute's publication on State General Assistance Programs, Summer 1998.

Names For General Relief Programs In Other States	
Jurisdiction	Name For General Relief
New Hampshire	City Welfare
New Jersey	Work First New Jersey/General Assistance
New Mexico	General Assistance
New York	Safety Net Assistance (SNA)
Ohio	General Assistance or Temporary Assistance Program
Pennsylvania	General Assistance
Rhode Island	General Public Assistance – Bridge Fund
South Dakota	Poor Relief
Utah	GA-Self Sufficiency or GA-Working Toward Employment Program
Vermont	General Assistance
Virginia	General Relief
Washington	General Assistance
Wisconsin	Relief Block Grant Program
City and County of Denver (Colorado)	General Assistance
Miami Dade County (Florida)	Direct Financial Assistance
Fulton County (Georgia)	General Assistance
Jefferson County (Kentucky)	Emergency Financial Assistance
Yellowstone County (Montana)	General Relief

As of the 1998 publication of the study from which this information was drawn, Alabama, Arkansas, Florida, Georgia, Kentucky, Louisiana, Mississippi, Montana, North Carolina, North Dakota, Oklahoma, South Carolina, Tennessee, Texas, West Virginia, and Wyoming did not have state General Relief programs or requirements.

**GR RESTRUCTURING INFORMATION REQUESTED BY
THE BOARD OF SUPERVISORS**

Motion	DPSS Response
For Recommendation #5, Housing and Homelessness, coordinate with Community Development Commission to obtain the 10,000 units of affordable housing by 2014.	Coordinating with the Community Development Commission is included in the implementation plan for increasing the number of housing subsidies for GR participants. (Recommendation #5)
For Recommendation #8, SSI Advocacy, what opportunities will exist to contract out the disability assessments and/or the disability evaluations in a way that would maximize the ability to draw down Federal revenue yet achieve full cost effectiveness in expenditure of County dollars, as well as, a detailed fiscal analysis of contracting out the disability assessments or the disability evaluations?	<p>As part of the implementation plan for Recommendation #8, DPSS and DHS have determined that the best mechanism to conduct the disability assessments and evaluations is through current DHS Public Private Partners (PPPs). DHS will need to complete some type of solicitation among the PPPs for these services.</p> <p>The County can claim 50% of the cost of these services through Community Services Block Grant–Health Related (CSBG-HR). If the disability assessments were conducted by DHS staff, the County could still only claim 50% federal reimbursement and the cost for each assessment would be much higher.</p> <p>For the disability evaluations, the County could claim 75% federal reimbursement if those evaluations were conducted by DHS staff; however, even with this higher federal reimbursement rate, the NCC for a disability evaluation conducted by DHS staff would be greater than the cost of using the PPPs.</p> <p>Additionally, having the PPPs conduct the disability assessments and evaluations will create greater opportunities to connect those assessments and evaluations to ongoing, primary health care provided to GR participants.</p> <p>DPSS and DMH have determined that it is most desirable for DMH staff to conduct the mental health disability assessments and evaluations. DMH staff housed in DPSS GR officers currently conduct the mental health screenings which will be replaced with more extensive mental health disability assessments. Utilizing DMH staff in DPSS GR offices for the mental health disability assessments will build on this current structure and ensure that the mental health assessors are accessible in the GR offices. Whether the mental</p>

**GR RESTRUCTURING INFORMATION REQUESTED BY
THE BOARD OF SUPERVISORS**

Motion	DPSS Response
	<p>health disability assessments are conducted by DMH staff or DMH contractor staff, the county will be able to recover 50% federal reimbursement through the Community Services Block Grant–Health Related (CSBG-HR).</p> <p>DPSS and DMH have determined that it is most desirable for DMH staff to also conduct the mental health evaluations. Through the use of DMH staff, the county will be able to recover 75% federal reimbursement through CSBG-SPMP, whereas using mental health contractors would result in only 50% federal reimbursement. Additionally, these evaluations can be conducted by the same DMH staff who will do the mental health assessments in the DPSS GR offices, which will maximize access to the staff and promote continuity between the assessment and evaluation.</p>
For Recommendation #24-B, GR Participant Cash Resources, how will the needs of the child be impacted if the child support payments are reduced?	The needs of children of GR participants may be positively impacted, and it is very unlikely that there will be a negative impact. A reduction in child support is already available to Non-Custodial Parents (NCP) on GR. Extending the reduction of child support for a short period for a newly-employed GR participant will positively affect the child and NCP by allowing the NCP to stabilize his financial status before incurring a child support increase. This may enable the NCP to prepare for resuming their regular child support payments and be able to sustain those payments for a longer period of time.
A plan to evaluate and report back quarterly to the Board on the progress in meeting those targets and other reforms to include: <ul style="list-style-type: none"> ▪ Number of participants that transitioned into full employment ▪ Number of participants that were transitioned to SSI; and ▪ Number of participants who received housing subsidies but remained on GR with or without employment and/or SSI funding. 	DPSS will provide quarterly reports on the progress of GR Restructuring beginning April 2010. The CEO Service Integration Branch has also drafted an evaluation plan for the Board's approval (Attachment 5) which will include the production of quarterly data reports that will be submitted to the Board of Supervisors.

**GR RESTRUCTURING INFORMATION REQUESTED BY
THE BOARD OF SUPERVISORS**

Motion	DPSS Response																
Propose GR-to-SSI enrollment targets	<p>The Workgroup reached consensus to recommend the following SSI approval targets (Recommendation #37):</p> <p>At initial application:</p> <table> <tr> <td><u>Baseline</u></td> <td><u>FY 2010-11</u></td> <td><u>FY 2011-12</u></td> <td><u>FY 2012-13</u></td> </tr> <tr> <td>40%(est.)</td> <td>50%</td> <td>60%</td> <td>70%</td> </tr> </table> <p>Total SSI Approvals:</p> <table> <tr> <td><u>Baseline</u></td> <td><u>FY 2010-11</u></td> <td><u>FY 2011-12</u></td> <td><u>FY 2012-13</u></td> </tr> <tr> <td>5,891</td> <td>6,400</td> <td>6,900</td> <td>7,400</td> </tr> </table>	<u>Baseline</u>	<u>FY 2010-11</u>	<u>FY 2011-12</u>	<u>FY 2012-13</u>	40%(est.)	50%	60%	70%	<u>Baseline</u>	<u>FY 2010-11</u>	<u>FY 2011-12</u>	<u>FY 2012-13</u>	5,891	6,400	6,900	7,400
<u>Baseline</u>	<u>FY 2010-11</u>	<u>FY 2011-12</u>	<u>FY 2012-13</u>														
40%(est.)	50%	60%	70%														
<u>Baseline</u>	<u>FY 2010-11</u>	<u>FY 2011-12</u>	<u>FY 2012-13</u>														
5,891	6,400	6,900	7,400														
Options for a new name to replace GR	The GR Restructuring Workgroup researched the names used in other county and state jurisdictions and discussed potential new names for the GR program in Los Angeles County. Options for a new name are contained in Attachment 7.																
Feasibility of collaborating with other entities at the state and federal levels of purposes of benefitting the GR program	DPSS has an existing ongoing collaboration with the Social Security Administration (SSA) and the State's Disability Determination Services Division (DDSD). DPSS has plans to strengthen working relationships with SSA and DDSD, particularly during the initial implementation phase of the SSI-related GR Restructuring recommendations. Additionally, DPSS will engage the Department of Housing and Urban Development (HUD), U.S. Department of Labor, California Department of Rehabilitation, and the Veterans' Administration in conjunction with the implementation of the GR Restructuring recommendations.																
Provide information on successful SSI Advocacy efforts in other large jurisdictions.	Information on SSI Advocacy efforts in other large jurisdictions is contained in Attachment 7, along with a description of the SOAR project and related outcomes.																

**GR RESTRUCTURING INFORMATION REQUESTED BY
THE BOARD OF SUPERVISORS**

GENERAL RELIEF HOUSING SUBSIDY AND CASE MANAGEMENT PROJECT

Number of Participants who transitioned into full employment:	92 of 305 participants in the GR Housing Subsidy and Case Management pilot group compared to 69 of the 305 participants in the control group, which did not receive housing subsidies ¹ .
Number of Participants who were transferred to SSI:	85 of the 266 SSI applications made by GR Housing Subsidy and Case Management pilot group was approved, with 91 applications pending at the conclusion of the study, compared to 18 of 100 SSI applications made by GR participants in the control group, which did not receive housing subsidies, with 29 applications pending at the conclusion of the study ² .
Number of Participants who received housing subsidies but remained on GR with or without employment and/or SSI funding:	266 of 950 GR Housing Subsidy Case Management pilot participants in the program more than three months received housing subsidies and remained on GR with or without employment or SSI ³ .

¹ Data derived from the General Relief Housing Subsidy and Case Management Pilot Project Evaluation, August 2009, page 13.

² Data derived from the General Relief Housing Subsidy and Case Management Pilot Project Evaluation, August 2009, page 18.

³ Data derived from the General Relief Housing Subsidy and Case Management Pilot Project Evaluation, August 2009, page 11.

**REQUESTED INFORMATION FOR PHASE ONE
GR RESTRUCTURING RECOMMENDATIONS**

Recommendation	#1 USE OF ADULT LINKAGES PROJECT MECHANISM TO IDENTIFY COUNTY SERVICES	#2 DEVELOP AN INTEGRATED SERVICE MODEL FOR CERTAIN GR PARTICIPANTS SERVED BY MULTIPLE DEPARTMENTS	#3 SERVICE INTEGRATION BETWEEN DPSS AND SHERIFF'S DEPARTMENT	#4 POLICE AGENCY SOCIAL SERVICES REFERRALS FOR HOMELESS INDIVIDUALS
Number of participants to be served each year	To be determined	To be determined	To be determined	Unknown
Number and type of staff needed by the Departments.	Existing staff	Existing staff	1 Liaison (Custody Assistant)	None
Number of participants to be moved from GR to SSL per year	N/A	N/A	To be determined	N/A
Number of homeless participants to be moved into housing per year	To be determined	To be determined	N/A	To be determined
Number of GR participants to be moved into jobs	N/A	To be determined	To be determined	N/A
Cost	NCC 10/11: \$18,000 (DPSS on-going allocable cost) Total annual ongoing cost: \$200,000. CEO-SIB is pursuing IT funding of \$600,000 to cover the one-time cost of \$600,000.	No NCC	\$78,868/year	No cost
Funding Sources	One time cost: CEO IT fund and/or CIO fund Ongoing cost: DPSS allocable – 9% NCC.	No NCC Any other potential funding to be determined	NCC	N/A
Reimbursements expected to be received.	N/A	To be determined	IAR for GR grants and rental subsidies paid pending approval of SSI	None
Target Implementation Date	July 2010	October 2010	July 2010	August 2010

Recommendation	#5 EXPAND HOUSING SUBSIDIES	#6 HOUSING PILOT - PURCHASING OF HOUSING FOR HOMELESS SERVICES	#7 EXPLORING HOUSING OPTIONS FOR MENTALLY ILL	#8 EXTENSIVE MENTAL HEALTH/MEDICAL ASSESSMENT
Number of participants to be served each year	1,540 subsidies (FY 2010-11) Subsidies to increase to 10,000 by December 2014	To be determined	To be determined	46,000 Assessment 2,000 Evaluations 48,000 total (December 2010 through June 2011)
Number and type of staff needed by the Departments	DPSS 1 Program Assistant, 9 GSWs, and 1 GSS	DPSS 1 Program Assistant	N/A	Additional Psychiatric Social Worker IIs for DMH - number to be determined
Number of participants to be moved from GR to SSI per year	FY 2009-10 89 FY 2010-11 454	N/A	To be determined	6,400 in FY 2010-2011 6,900 in FY 2011-2012 7,400 in FY 2012-2013 (7,400 each year thereafter)
Number of homeless participants to be moved into housing per year	FY 2009-10 At Least 1,512 FY 2010-11 At Least 3,636	To be determined	To be determined	N/A
Number of GR participants to be moved into jobs	FY 2009-10 173 FY 2010-11 893	N/A	N/A	N/A
Cost	FY 2009-10 \$4,052,000 Existing Budgeted NCC (Cost is based on a full-year allocation) \$1,313,757 New NCC \$ 597,162 New Federal Revenue \$5,962,919 Total Funding FY 2010-11 \$4,052,000 Existing Budgeted NCC \$2,627,515 New NCC \$1,194,324 New Federal Revenue \$7,873,839 Total Funding	Non-NCC funding to be identified, except to the extent that GR rental subsidies and/or GR Board and Care Payments are utilized	No NCC	Assessments FY 2010/2011 (December 2010 – June 2011) \$2,860,000 – Current NCC Revenue \$2,860,000 – Federal Revenue \$5,720,000 – Total Funding Evaluations FY 2010/2011 (December 2010 – June 2011) \$ 500,000 - NCC \$ 800,000 – Federal Revenue \$1,300,000 – Total Funding

Funding Sources	<ul style="list-style-type: none"> - NCC and New Federal Revenue - IAR for GR grants and rental subsidies - Prospective GR grant savings for participants with rental subsidy who secure employment/SSI 	Non-NCC	No NCC	Current NCC, some New NCC and New Federal Revenue
Reimbursements expected to be received	<p>FY 2009-10 \$597,162</p> <p>FY 2010-11 \$1,194,324</p>	To be determined	N/A	<p>FY 2010-11 \$3,660,000</p>
Target Implementation Date	January 2010	January 2011	December 2010	December 2010

Recommendation	#9 RETRIEVAL OF HEALTH AND MENTAL RECORDS	#10 MAXIMIZE CLAIMS OF RETROACTIVE MEDI-CAL FOR GR PARTICIPANTS WHO QUALIFY FOR SSI AND MEDI-CAL	#11 INTEGRATION OF PUBLIC DEFENDERS INTO DPSS SSI ADVOCACY	#12 ENHANCED SERVICES TO GROW PARTICIPANTS
Number of participants to be served each year	6,240 total medical records	2,500	Unknown	1,580
Number and type of staff needed by the Departments	DHS 7 Registered Nurses 3 Clerks DMH 2 Registered Nurses 1 Clerk LASD 1 Registered Nurse 1 Clerk	None	1 Public Defender staff person (Psychiatric Social Worker)	DPSS 13 GSWS 2 GSSS
Number of participants to be moved from GR to SSI per year	6,400 in FY 2010-2011 6,900 in FY 2011-2012 7,400 in FY 2012-2013 (7,400 each year thereafter)	N/A	6,400 in FY 2010-2011 6,900 in FY 2011-2012 7,400 in FY 2012-2013 (7,400 each year thereafter)	N/A
Number of homeless participants to be moved into housing per year	N/A	N/A	N/A	To be determined
Number of GR participants to be moved into jobs	N/A	N/A	N/A	475
Cost	FY 2009-10 \$285,447 - NCC \$201,236 - New Federal Revenue \$486,683 – Total Funding (April 2010 through June 2010). FY 2010-11 \$1,033,677 - NCC \$804,911 - New Federal Revenue \$1,838,588 - Total Funding	No cost	\$ 51,747 – NCC \$ 51,746 – New Federal Revenue \$103,493 – Total Funding	FY 2010/11 \$750,000 - New NCC \$750,000 - New federal Revenue \$1,500,00 - Total
Funding Sources	NCC and New Federal Revenue	N/A	NCC and New federal revenue	New NCC and New federal revenue
Reimbursements expected to be received	CSBG-HR 50% federal reimbursement	State/federal reimbursement for treatment within 90 days before filing for SSI application and entire time SSI application is pending	CSBG – HR for 50% of the PD staff cost for SSI advocacy	50% of GROW Program cost to be charged to FSET for those receiving Food Stamp benefits

Target Implementation Date	April 2010	July 2010	July 2010	November 2010
Recommendation	#13 GROW SERVICES TO EMERGING ADULT PROBATION YOUTH	#14 FEDERAL REIMBURSEMENT FOR GROW SPECIALIZED SUPPORTIVE SERVICES	#15 WORKSOURCE JOB SERVICES TO GROW PARTICIPANTS	#16 GED PREPARATION FOR GROW PARTICIPANTS
Number of participants to be served each year	100	500	500	300*
Number and type of staff needed by the Departments	Existing staff	Existing staff	Existing staff	Existing staff
Number of participants to be moved from GR to SSI per year	N/A	N/A	N/A	N/A
Number of homeless participants to be moved into housing per year	N/A	N/A	N/A	To be determined
Number of GR participants to be moved into jobs	25	125	125	75
Cost	No cost	No cost	No cost	No cost
Funding Sources	N/A	N/A	N/A	N/A
Reimbursements expected to be received	N/A	50% FSET	N/A	N/A
Implementation Date	January 2010	October 2009, if approved reimbursement will be retroactive	March 2010	November 2010

*This projection is based on the ongoing average number of participants enrolled in the GROW Education and Training Component

Recommendation	#17 COMPREHENSIVE STUDY OF MSARP	#18 DEVELOP STATE AND FEDERAL LEGISLATIVE PROPOSALS TO ASSIST INDIGENT ADULTS	#19 DPSS EXPAND DATA COLLECTION FOR THE GR PROGRAM	#20 INCLUDE THE GR PROGRAM IN THE COUNTY'S AND DPSS' STRATEGIC PLAN
Number of participants to be served each year.	N/A	Entire caseload	Entire caseload	N/A
Number and type of staff needed by the Departments	Existing staff	Existing staff	Existing staff	Existing staff
Number of participants to be moved from GR to SSI per year	N/A	N/A	N/A	N/A
Number of homeless participants to be moved into housing per year	N/A	N/A	N/A	N/A
Number of GR participants to be moved into jobs	N/A	N/A	N/A	N/A
Cost	FY 2009/10 \$250,000	No cost	Cost included in GR Restructuring Evaluation Plan	No cost
Funding Sources	NCC	N/A	Cost included in GR Restructuring Evaluation Plan	N/A
Reimbursements expected to be received	None	N/A	None	None
Implementation Date	Study already in progress. Projected completion date: July 2010	July 2010	On-going. Specific data enhancements depend on the implementation date for various elements of GR restructuring	January 2010

Recommendation	#21 PILOT WITH LINKAGES STAFF CO-LOCATED AT DCFS TO CONNECT FOSTER YOUTH TO COUNTY SERVICES	#22 DPSS ENHANCED SERVICES TO VETERANS	#23 ENHANCED MEDICAL SCREENING FOR FOSTER YOUTH, MEDICALLY INDIGENT UNDER 21 AND PROBATION YOUTH	#24 GR ENHANCED CHILD SUPPORT EDUCATION AND ALLOWANCE OF RESTRICTED ACCOUNTS
Number of participants to be served each year	To be determined	To be determined	To be determined	To be determined
Number and type of staff needed by the Departments	Existing staff	Existing staff	Existing staff	Existing staff
Number of participants to be moved from GR to SSI per year	N/A	To be determined	N/A	N/A
Number of homeless participants to be moved into housing per year	N/A	To be determined	N/A	N/A
Number of GR participants to be moved into jobs	N/A	To be determined	N/A	N/A
Cost	No cost	No cost	State/Federal Medi-Cal Admin Funding	No cost to implement
Funding Sources	N/A	N/A	State/Federal Medi-Cal Admin Funding	Small increase in NCC for GR assistance for participants who establish a restricted account, within the existing maximum 9-month period of eligibility for employable recipients.
Reimbursements expected to be received	None	None	Possibly retroactive Medi-Cal	NCC
Implementation Date	July 2010	July 1, 2010	To be determined	October 1, 2010

Recommendation	#25 ADD POSITIONS TO GR OFFICES USING ECF FUNDS TO ASSIST GR PARTICIPANTS NAVIGATE THE GR PROCESS.	#26 CEO-SIB EVALUATION OF GR PROGRAM POLICY/PROCEDURES AND COST/BENEFITS ANALYSIS	#27 ESTABLISH HOMELESS ACCOUNT IN THE CEO'S BUDGET TO FUND ENHANCED SERVICES TO REDUCE GR HOMELESS
Number of participants to be served each year	To be determined	N/A	Pending
Number and type of staff needed by the Departments	Subsidized employees though the South Bay Workforce Investment Board	Existing staff	Existing staff
Number of participants to be moved from GR to SSI per year	N/A	N/A	N/A
Number of homeless participants to be moved into housing per year	N/A	N/A	To be determined
Number of GR participants to be moved into jobs	N/A	N/A	N/A
Cost	Additional cost funded through the TANF Emergency Contingency (ECF); No NCC	FY 2010/11 \$300,000	No cost to establish account
Funding Sources	ECF Funds	DPSS allocable cost, including 9% New NCC	This account will be funded with GR grant savings for participants who receive a rental subsidy and secure employment/SSI, and IAR for rental subsidies and grants for GR participants who receive a rental subsidy and qualify for SSI.
Reimbursements expected to be received	None	DPSS state and federal allocations for 91% of cost	None
Implementation Date	March 2010	To be determined	January 2010

SSI ADVOCACY IN SELECTED CITIES/COUNTIES

	Denver County, Colorado	City of Baltimore, Maryland	City of Chicago, Illinois	City of Boston, Massachusetts	San Francisco, California	Richmond County, Virginia
SSI Advocacy Overview	The Colorado Coalition for the Homeless (CCH) received an SSA HOPE (Homeless Outreach Projects and Evaluation) grant for their Benefits Acquisition and Retention Team (BART). This is a non-profit provider organization that provides SSI advocacy. The program has an advisory committee that includes representatives from SSA, DDS, the Office of Hearing and Appeals (OHA), and consumers.	SSI Advocacy is provided by DEAP (Disability Entitlement Advocacy Program). This program provides case management and represents individuals who are potentially eligible to SSI at all levels of the SSI application process; and provides services to individuals receiving State cash assistance (Temporary Cash Assistance [TANF] and Public Assistance to Adults [GR]). DEAP advocates receive referrals of eligible individuals directly from the local Department of Social Services.	Chicago's Transitional Assistance (TA) serves only unemployed individuals through the Legal Assistance Foundation (LAF) of Metropolitan Chicago, which provides SSI Advocacy. TA participants are pre-screened for potential SSI eligibility by LAF. LAF offers document retrieval services, referrals to medical/mental health evaluations (medical staff appointed by the State) and case management, which includes assistance with the completion of the SSI application.	SSI Advocacy, for the homeless, is conducted by the Disability Determination Services (DDS) office. Participants are pre-screened for potential SSI eligibility by DDS. DDS offers document retrieval, referrals to in-house medical/mental health evaluations, and Case Managers who assist participants with completion of the SSI application.	SSI Advocacy is conducted by the Department of Public Health (DPH). GA participants are pre-screened for potential SSI eligibility. DPH offers the following: document retrieval, referrals to in-house medical/mental health evaluations, and Case Managers who assist participants with completion of the SSI application process.	No SSI Advocacy Program; however, some assistance with the SSI application is provided by Eligibility or Social Workers.

	Denver County, Colorado	City of Baltimore, Maryland	City of Chicago, Illinois	City of Boston, Massachusetts	San Francisco, California	Richmond County, Virginia
Contracted	No	Yes	Yes	Yes	No	N/A – no advocacy program
Medical Service	CCH's BART is located in a neighborhood homeless medical clinic, where medical pre-certification and other on-site qualification experts can help expedite the process to obtain eligibility and benefits for SSI and SDI.	Yes, medical testing and evaluations paid for by the State	Yes, medical and or mental health evaluations are conducted by State-appointed medical staff.	Yes, medical and/or mental health evaluations are conducted by State-appointed medical staff.	Yes, medical and or mental health evaluations are provided by in-house staff. The in-house staff include: 5 Psychologists 4 Physicians 2 Outreach Workers 2 Medical Records Clerks	Not specifically for SSI Advocacy.
Document Retrieval	Information is unavailable	Information is unavailable	Yes	Information is unavailable	Yes	No
Case Management	Yes	Advocates are responsible for completing the intake process and entry of appropriate data in the DEAP database, initiating contact to schedule and hold a Social Security Disability Benefits application and to provide on-going assistance with the appeals representation	Yes, provides case management; however, does not assist the participant with the completion of the SSI application.	Yes, assists with completion of the SSI application and submits the application to SSA.	Yes, staff assists with completion of the SSI application, filing SSI Presumptive Eligibility applications; and refers participants to a panel of attorneys for appeal representation services paid for by SSA.	No

	Denver County, Colorado	City of Baltimore, Maryland	City of Chicago, Illinois	City of Boston, Massachusetts	San Francisco, California	Richmond County, Virginia
Outreach	Yes, conducted through a mobile clinic.	Information is unavailable	Yes, conducted by the Corporation for Supportive Housing (CSH)	Yes, conducted by a team of Attorneys, Mental Health Providers and Medical staff	Yes, conducted by Yes	None
Level of Staff	The unit is staffed with medical providers, case managers, occupational therapist and data specialist.	Contracted Staff	Attorneys and/or Paralegals	Attorneys, Mental Health Providers, Interns and Case Managers	Supervisors, Case Managers, Psychologist, Physicians, Outreach Workers and Medical Records Clerks	N/A
Filing timeline	Information is unavailable	Aided individuals who are disabled for 12 months or more must file an application for SSI.	When participants are identified, they are referred to the SSA office to file the SSI application.	Information is unavailable	If participant is found to be disabled, he/she must apply for SSI.	An application for SSI is required after applying for the GR-equivalent program.
SSI Approval Rate	Initial Application – 75%	Initial application rate is unavailable. Reconsideration and hearing - 88% approval rate. The overall SSI approval rate is not available.	Initial Application – 60% Reconsideration – 40% Hearing – 85%	In eight months: 34 SSI approvals 75 Pending	85% initial application approval rate	Information is unavailable
Performance Measures	Information is unavailable	Information is unavailable	Information is unavailable	Information is unavailable	Information is unavailable	Information is unavailable
Costs	Information is unavailable	Information is unavailable	\$100,000 for three years	\$67,500/year	Information is unavailable	N/A
SSI Advocacy Caseload	Information is unavailable	Information is unavailable	Average annual caseload of 1,100 (all participants are disabled)	Information is unavailable	Information is unavailable	N/A

	Denver County, Colorado	City of Baltimore, Maryland	City of Chicago, Illinois	City of Boston, Massachusetts	San Francisco, California	Richmond County, Virginia
Housing Subsidy?	No	No	No (and assessed for SSI eligibility)	No	Yes	Information is unavailable
Exclusive to Homeless Population?	No	No	No	No	No	Information is unavailable

WHAT IS SOAR?

The Issue

Supplemental Security Income (SSI) and Social Security Disability Insurance (SSDI) are disability income benefits administered by the Social Security Administration (SSA) that generally also provide either Medicaid and/or Medicare health insurance to individuals who are eligible. Accessing these benefits is often a critical first step in recovery.

For people, who are homeless with mental health problems that impair cognition or who are returning to the community from institutions (jails, prisons or hospitals), access to these programs can be extremely challenging. The application process for SSI/SSDI is complicated, detailed, and often difficult to navigate. Typically, about 10-15 percent of individuals who are homeless have these benefits.

The Solution

SSI/SSDI Outreach, Access and Recovery (SOAR) is a strategy that helps states to increase access to SSI/SSDI for people who are homeless or at risk of homelessness through:

- Strategic planning
- Training and
- Technical assistance

SOAR currently works in 34 states and Los Angeles County and has success rates on initial application of 70 percent compared to the usual 10-15 percent for applicants who are homeless.

SOAR offers

1. A planning meeting of key stakeholders (Social Security Administration, Disability Determination Services, medical providers, state agency leadership, Department of Corrections representatives, and community homeless, health and behavioral health providers) to develop an action plan for implementing the SOAR approach
2. A Train-the-Trainer program that includes use of SAMHSA's *Stepping Stones to Recovery* training curriculum
3. Ongoing technical assistance to states and communities for 12-18 months

A Different Model

SOAR is a different model that includes:

1. Collaboration and strategic planning among key stakeholders
2. Training of case managers to assist applicants and gather evidence proactively
3. A step-by-step explanation of SSI application and disability determination process
4. A list of critical components for success; the greater the number of critical components implemented, the higher the rate of success
5. A train-the-trainer program allows for expansion and sustainability
6. Focusing on documenting disability for the initial application. Get it right the first time!
7. Avoiding appeals
8. Providing follow-up observation, technical assistance, and feedback for State's initial training and ongoing technical support for action plan implementation
9. Tracking outcomes to document success and to help access additional resources

National SOAR Outcomes – Spring/Summer 2009

Initial SSA Disability Decisions (Since inception of SOAR)					
State	Locality	Total # Decisions	Total # Approved	Allowance Rate (% Approved)	Avg. Time to Decision (in days)
1. Alabama	Statewide ¹	40	28	70%	95
2. Alaska	Anchorage ¹	12	8	67%	88
3. Arkansas	Jonesboro ²	25	23	92%	56
4. Connecticut	Statewide ¹	25	18	72%	58
5. Delaware	Wilmington ²	53	42	79%	85
6. Florida	Miami/Monroe ²	173	140	81%	69
	Broward Co. ³	256	143	56%	135
7. Georgia	Atlanta ²	360	286	79%	82
	Other/Statewide ²	55	29	53%	85
8. Indiana	Indy, So. Bend, Jeffersonville ³	12	10	83%	121
9. Kansas	Kansas City ²	7	5	71%	73
10. Kentucky	Covington ¹	67	48	72%	60
	Louisville ³	54	28	52%	91
11. Maryland	Baltimore City ²	2	2	100%	22
12. Massachusetts	PATH Team ³	123	86	70%	NA
	Boston/Western MA ³	121	32	26%	NA
13. Michigan	Statewide ²	410	258	63%	83
14. Minnesota	Statewide ¹	264	232	88%	120
15. Nebraska	Lincoln ²	24	14	58%	72
	Omaha ²	16	9	56%	90
16. Nevada	Statewide ¹	124	78	63%	31
17. New Hampshire	Statewide ¹	6	5	83%	120
18. New Jersey	Newark ¹	8	3	38%	262
	Somerset County ¹	12	8	67%	130
19. New York	Albany County ²	5	3	60%	42
	Onondaga County ²	21	17	81%	79
	Orange County ²	4	4	100%	113
	New York City ²	39	28	72%	103
	NYS DOC ³	99	87	88%	59
20. North Carolina	Statewide ¹	53	40	75%	120
21. Ohio	Statewide ³	110	50	45%	88
22. Oklahoma	Oklahoma City/Tulsa ³	71	39	55%	62
23. Oregon	Josephine Co. ¹	138	75	54%	91
	Portland ² (B.E.S.T.)	149	129	87%	49

Initial SSA Disability Decisions (Since inception of SOAR)					
State	Locality	Total # Decisions	Total # Approved	Allowance Rate (% Approved)	Avg. Time to Decision (in days)
25. Rhode Island	Statewide ²	27	16	59%	87
26. Tennessee	Nashville ²	167	156	93%	70
	Chattanooga ¹	15	13	87%	111
27. Texas	Houston ²	52	35	67%	73
28. Utah	Salt Lake County ¹	662	478	72%	122
29. Virginia	Statewide ²	132	91	69%	69
30. Washington	Statewide Veterans ²	10	10	100%	137
31. West Virginia	Charleston/Huntington ²	5	5	100%	35
32. Wisconsin	Milwaukee ²	24	22	92%	82
	Waukesha ⁴	179	153	85%	70
TOTAL		4,386	3,158	71%	89

¹ Data through April/May/June 2009.

² Data through July/August 2009.

³ 2008 data only.

⁴ Data include appeals and were not counted in the allowance percent calculation or in average time to decision calculation.



County of Los Angeles CHIEF EXECUTIVE OFFICE

Kenneth Hahn Hall of Administration
500 West Temple Street, Room 713, Los Angeles, California 90012
(213) 974-1101
<http://ceo.lacounty.gov>

WILLIAM T FUJIOKA
Chief Executive Officer

February 19, 2010

Board of Supervisors
GLORIA MOLINA
First District

MARK RIDLEY-THOMAS
Second District

ZEV YAROSLAVSKY
Third District

DON KNABE
Fourth District

MICHAEL D. ANTONOVICH
Fifth District

To: Supervisor Gloria Molina, Chair
Supervisor Mark Ridley-Thomas
Supervisor Zev Yaroslavsky
Supervisor Don Knabe
Supervisor Michael D. Antonovich

From: William T Fujioka
Chief Executive Officer

REPORT - POSITIONS ASSOCIATED WITH THE GENERAL RELIEF RESTRUCTURING PROCESS

On February 9, 2010, your Board approved the General Relief (GR) Restructuring Plan (Plan) including implementation plans for 27 Phase One and 15 additional Phase Two workgroup recommendations. The Plan includes the addition of 45 positions in the Departments of Public Social Services (DPSS), Health Services (DHS), Mental Health (DMH), Public Defender (PD) and Sheriff. Your Board instructed the Chief Executive Officer to determine, 1) whether additional budgeted positions were requested; 2) whether the new functions could be absorbed through the use of vacant budgeted positions in each of the listed departments; and 3) if vacant budgeted positions are used, would all of the one-time funding allocated for GR Restructuring positions continue to be needed.

The CEO has confirmed that the Plan, as submitted to your Board, does include the addition of 45 budgeted positions in the five participating Departments listed above. The breakdown by department includes 28 for DPSS; three (3) for Sheriff; ten (10) for DHS; three (3) for DMH; and one (1) for Public Defender. Classification information for each of these positions is available in Attachment I. Our review, to determine whether or not existing budgeted vacant positions within each Department could be used to satisfy the need outlined in the Plan, revealed that all of the Departments have sufficient vacancies that can be used. Also, while the Departments do have sufficient budgeted vacant positions that can be used to satisfy the identified need, the classifications may not be an exact match. In instances where the budgeted classifications do not match the functions to be performed, Section 6.06 of the County Code delegates authority to the CEO to fill positions to meet our business needs, as long as the vacant classification is of equal or higher level.

"To Enrich Lives Through Effective And Caring Service"

**Please Conserve Paper – This Document and Copies are Two-Sided
Intra-County Correspondence Sent Electronically Only**

Each Supervisor
February 19, 2010
Page 2

In addition, we have the authority to change the status of the classification from "A" to "N". The CEO will work with these Departments in order to achieve this purpose.

The primary goal and achievement of the GR Restructuring process is the development of new strategies to deliver more effective services to the population of GR participants. These services are in addition to, or enhancements of, services that participating Departments already provide. Without a dedicated funding stream, the enhanced services would result in more cost and potentially reduced core services, provided by the participating Departments. Therefore, it was determined that the GR Restructuring Plan must be a self-funded plan.

The Plan will draw down new revenues, and reinvest federal reimbursements and a portion of the anticipated savings to generate needed funding. This funding will sustain the program without diminishing the resources of the participating Departments. The one-time funding of \$7.2 million, previously approved by your Board and budgeted in the current Fiscal Year 2009-10 Adopted Budget, therefore remains necessary for plan implementation and to leverage the newly identified revenues. The funding will be utilized as start-up funding, after which the program will become self-funded and self-sustaining.

The generation of savings and new revenues will not occur immediately upon implementation. Therefore, based on the model of a self-sustaining program, it is recommended that the \$3.4 million (which is included in the total \$7.2 million allocation) of one-time funding earmarked for the 45 GR Restructuring positions, remain dedicated for the initial period of salary and employee benefits costs in the participating departments. If at any time, the funding is insufficient to sustain the program, the program will be reevaluated, and if necessary, positions will be removed from the GR Restructuring program.

If you have any questions or need additional information, please contact me or your staff may contact Jacqueline White, at (213) 974-4530, or via email at jwhite@ceo.lacounty.gov.

WTF:JW:DS
JB:cjb

Attachments

c: County Counsel
Executive Office, Board of Supervisors
Director, Health Services
Director, Mental Health
Public Defender
Sheriff's Department

General Relief Restructuring Plan

Requested Positions

Department of Public Social Services

Number	Position	Workgroup Recommendation (Board letter attachment 1)
22	GAIN Services Worker	#5 Enhance Subsidized Housing & #12 Modify WtW Services
3	GAIN Services Supervisor	#5 Enhance Subsidized Housing & #12 Modify WtW Services
3	Program Assistant	#5 Enhance Subsidized Housing & #6 Pilot Project: Non-profit Housing Developer & #12 Modify WtW Services
28		

Sheriff's Department

Number	Position	Workgroup Recommendation (Board letter attachment 1)
1	Custody Assistant	#3 Integrated DPSS / Sheriff Services
1	Registered Nurse	#9 SSI Advocacy: Document Retrieval
1	Clerk	#9 SSI Advocacy: Document Retrieval
3		

Department of Health Services

Number	Position	Workgroup Recommendation (Board letter attachment 1)
7	Registered Nurse	#9 SSI Advocacy: Document Retrieval
3	Clerk	#9 SSI Advocacy: Document Retrieval
10		

Department of Mental Health

Number	Position	Workgroup Recommendation (Board letter attachment 1)
2	Registered Nurse	#9 SSI Advocacy: Document Retrieval
1	Clerk	#9 SSI Advocacy: Document Retrieval
3		

Public Defender

Number	Position	Workgroup Recommendation (Board letter attachment 1)
1	Psychiatric Social Worker	#11 SSI Advocacy: For GR Participants who are PD clients

45 Total General Relief Restructuring Positions



County of Los Angeles CHIEF EXECUTIVE OFFICE

Kenneth Hahn Hall of Administration
500 West Temple Street, Room 713, Los Angeles, California 90012
(213) 974-1101
<http://ceo.lacounty.gov>

WILLIAM T FUJIOKA
Chief Executive Officer

July 2, 2010

Board of Supervisors
GLORIA MOLINA
First District

MARK RIDLEY-THOMAS
Second District

ZEV YAROSLAVSKY
Third District

DON KNABE
Fourth District

MICHAEL D. ANTONOVICH
Fifth District

To: Supervisor Gloria Molina, Chair
Supervisor Mark Ridley-Thomas
Supervisor Zev Yaroslavsky
Supervisor Don Knabe
Supervisor Michael D. Antonovich

From: William T Fujioka
Chief Executive Officer *Benji Jr*

GENERAL RELIEF RESTRUCTURING PLAN: QUARTERLY UPDATE

This is to provide a report on the progress of the implementation of the General Relief (GR) Restructuring Plan.

On April 24, 2009, on a motion by Supervisor Knabe, your Board instructed the Chief Executive Officer (CEO), in collaboration with the Department of Public Social Services (DPSS), and consultation with County Counsel, to design a potential GR program that will better assist GR participants, with the expectation that more of these individuals would be able to transition off of County assistance. In response, the GR Restructuring Workgroup, consisting of 11 County departments and ten stakeholders, was convened. On February 9, 2010, your Board approved the comprehensive plan to restructure the GR Program. This plan consisted of 42 recommendations designed to reduce the GR caseload over time by focusing services on housing assistance, Supplemental Security Income (SSI) advocacy and employment preparation.

The GR Restructuring Workgroup members were invited to participate in various workgroups that were convened by DPSS to assist in the implementation of the plan. Several internal DPSS meetings, and meetings with other County departments and community stakeholders, have taken place to discuss the implementation of the various GR Restructuring projects. As a result of the great support and collaboration from the different partners, four GR Restructuring Recommendations have already been implemented and we anticipate that seven more will be implemented in July 2010. The attached chart provides the status of all 42 approved workgroup recommendations.

"To Enrich Lives Through Effective And Caring Service"

Please Conserve Paper – This Document and Copies are Two-Sided
Intra-County Correspondence Sent Electronically Only

Each Supervisor
July 2, 2010
Page 2

Approved Workgroup Recommendations that have been Implemented

- Recommendation No. 13, collaboration with Department of Children and Family Services (DCFS) and the Probation Department to connect youth to existing American Recovery and Reinvestment Act (ARRA) funded projects: DPSS has established collaboration with DCFS and Probation Department to facilitate referrals to General Relief Opportunities for Work (GROW) services, including ARRA funded services. DPSS has designated a liaison to work with both departments on this effort.
- Recommendation No. 14, pursuit of federal reimbursement through Food Stamp Employment and Training (FSET) for supportive services to GROW participants: The State approved DPSS' FSET plan; therefore, reimbursement through FSET for costs associated with support services to GROW participants can be claimed effective October 2009.
- Recommendation No. 20, inclusion of the GR Program in the County's and DPSS' Strategic Plan: The GR Program has been incorporated in the County's and DPSS' Strategic Plan.
- Recommendation No. 25, addition of positions utilizing ARRA to assist participants navigate the GR process: Six participants are currently working as Customer Services Assistants (CSA) in the GR district lobbies. Four additional participants are in the final stages of the hiring process.

Approved Workgroup Recommendations that are Targeted for Implementation in July 2010

- Recommendation No. 5, expansion of the Housing Subsidy Project: The protocols for this Project have been drafted and are in the clearance process. Orientation and training has been provided to project staff, and interim Los Angeles Eligibility, Automated Determination, Evaluation and Reporting (LEADER) modifications are in progress and will be finalized in July 2010.
- Recommendation No. 9, retrieval of medical records on behalf of GR participants applying for SSI: DPSS continues to work with the Departments of Mental Health (DMH) and Health Services (DHS) and the Sheriff's Department (LASD) on finalizing the implementation of this project. The protocols for this project have been drafted and are in the clearance process. Training has been provided to all DPSS project staff. DHS, DMH, and LASD are working on obtaining the staff needed for this project; four Registered Nurses have already been hired.

Each Supervisor
July 2, 2010
Page 3

- Recommendation No. 16, expand GROW to include GED preparation: DPSS is finalizing policy/procedures to implement a GED component for GROW participants who lack a high school diploma. A list of available education entities has been identified.
- Recommendation No. 17, conducting a comprehensive study of the Mandatory Substance Abuse and Recovery Program (MSARP): CEO-Service Integration Branch (SIB) shared a draft report, which is currently under review by DPSS.
- Recommendation No. 27, establishment of a GR Anti-Homelessness Account: DPSS is currently working with the CEO to establish the GR Anti-Homelessness Account.
- Recommendation No. 32, ancillary expenses for GR participants pursuing SSI: Meetings are under way with the responsible workgroup to finalize the implementation of this project.
- Recommendation No. 42, quarterly meetings of the GR Restructuring Steering Committee: The GR Restructuring Steering Committee will be having their first quarterly meeting in July 2010.

We will provide the next quarterly report in October 2010.

WTF:BC:KH
JB:lpj

Attachment

c: Executive Officer, Board of Supervisors
County Counsel
Public Social Services

DPSS.bm

GR RESTRUCTURING MASTER IMPLEMENTATION CHART
JUNE 30, 2010

Attachment

NO.	APPROVED RECOMMENDATIONS	STATUS	TARGET IMPLEMENTATION DATE
1	Subject to applicable confidentiality requirements, use the Adult Linkages Project mechanism to identify the County service history of GR applicants/participants, so that applicants/participants can be offered services that take into account the totality of their individual circumstances.	In June 2010, the CEO approved funding for the one-time cost of implementing this recommendation. A preliminary meeting with the responsible workgroup partners to discuss the project's course of action will be scheduled for July 2010.	FEBRUARY 2011
2	The County should develop an innovative service integration model that can support County departments, other governmental entities, and community partners in concurrently serving a shared clientele.	A preliminary meeting will be scheduled with CEO and DHS staff in July 2010 to discuss the course of action for the pilot.	OCTOBER 2010
3	Increase integration of services between the Sheriff's Department and DPSS by: A. Developing a plan to enhance the current County jail match to identify individuals who are incarcerated and have a linkage to GR benefits, to provide pre- and post-release services and SSI Advocacy that will assist with their re-entry into society. B. Assessing the DPSS/Sheriff's Homeless Release Project to determine its effectiveness. C. Implementing a review protocol to determine whether any outstanding warrants remaining on the GR/SSI applicant's record should be cleared, recalled or withdrawn. D. Ensuring that probation, parole, and other warrants that should have been satisfied by a GR/SSI applicant's stay in jail have been withdrawn or recalled. E. Appointing a liaison for individuals with outstanding warrants whom advocates and County employees can contact directly to: (1) inquire about the underlying reason and validity of a warrant and (2) assist the SSI advocate in "clearing up" the warrant. F. Referring disabled individuals exiting jail who apply for GR to a SSI advocate/liaison, in order to re-establish SSI benefits and work with agencies (i.e., probation, parole, public defender, courts, etc.) to recall existing warrants. G. Referring disabled individuals exiting jail who do not have SSI benefits to GR SSIMAP for benefits establishment.	A meeting will be held in July 2010 with the Sheriff, Probation and Public Defender Offices.	AUGUST 2010

Attachment

**GR RESTRUCTURING MASTER IMPLEMENTATION CHART
JUNE 30, 2010**

NO.	APPROVED RECOMMENDATIONS	TARGET IMPLEMENTATION DATE
	STATUS	
4	<p>Encourage police agencies to make social services referrals for the homeless and connect them with resources, rather than issuing citations.</p> <p>4</p>	<p>A meeting was held on June 17, 2010 with the Long Beach Police Department, L.A. County Sheriff's Department and Community partners.</p> <p>The Long Beach Police Department and LASD provided an overview of their services to the homeless population. A follow-up meeting will be scheduled in July 2010 with the Los Angeles Police Department and Community Advocates to discuss services to the homeless population in the LA area. The purpose of the meeting is to discuss a referral process for law enforcement agencies to connect homeless individuals with resources.</p>
5	<p>Enhance Subsidized Housing by:</p> <ul style="list-style-type: none"> A. Increasing the total number of housing subsidies to 10,000 by December 2014. B. Increasing the number of housing subsidies for homeless disabled GR participants pursuing, or willing to pursue, SSI and/or veterans benefits, so that 100% of homeless disabled GR participants pursuing SSI and/or veterans benefits are offered a housing subsidy within 5 years. C. Increasing the number of housing subsidies for homeless, employable GR participants. D. As in the current GR Housing and Case Management Project. <ul style="list-style-type: none"> a. Subsidized housing itself should not be time-limited, allowing people to stay as permanent residents, after they start receiving outside income and can pay for their housing. b. The housing subsidy should be encouraged, but not required. E. Increasing the GR rental subsidy amount from \$300 to \$400 and reducing the participant's contribution from the grant from \$136 to \$100, so the total amount available for rent will be \$500. 	<p>DPSS conducted several meetings with the responsible workgroup to discuss the implementation plan for this project. Draft protocols were shared with the workgroup and comments were incorporated. The final draft of the protocols is currently in the clearance process.</p> <p>Orientation and training was conducted on May 18, 2010 and May 19, 2010 to all project staff from the six pilot Districts. Training for other affected staff will be conducted in July 2010.</p> <p>Interim LEADER modifications are in progress and will be finalized in July 2010. Full automated process is scheduled to be completed by the end of August 2010. Project is targeted for implementation in July 2010.</p> <p>An exploratory meeting with two large Board and Care agencies that currently provide services to GR participants to discuss other housing options for homeless GR participants was held on June 23, 2010.</p>

GR RESTRUCTURING MASTER IMPLEMENTATION CHART
JUNE 30, 2010

NO.	APPROVED RECOMMENDATIONS	STATUS	TARGET IMPLEMENTATION DATE
F	Pursuing federal reimbursement for housing subsidy payments made to employable GR participants through the Food Stamp and Employment Training (FSET) fund at a rate of 50%; and pursuing reimbursement for housing subsidy payment made to GR participants who are approved for SSI through the Interim Assistance Reimbursement Program, at a rate of 100%.		
G	Reinvesting the money recouped from SSI (Interim Assistance Reimbursement for housing subsidies) in additional housing subsidies.		
H	Recruiting participants for the Housing Subsidy and Case Management Program during the GR intake process and making additional efforts throughout the course of case management to encourage participants to remain in the Housing Subsidy and Case Management Program and identify causes of participants dropping out of the subsidy.		
6	Implement a pilot project (subject to a cost benefit analysis) by master leasing and/or purchasing foreclosed apartment buildings and/or multi-family housing units and/or dorm-like housing to be provided for the indigent homeless population. This housing should be owned and/or operated by a non-profit housing developer and/or homeless service provider with expertise in managing housing with services.	A preliminary meeting will be scheduled in July 2010 to discuss the implementation plan for this pilot project.	JANUARY 2011
7	Address supportive housing needs by: <ul style="list-style-type: none"> A. Exploring housing options for mentally ill participants through City and County Housing Authorities and other smaller Housing Authorities throughout LA County. B. Identifying and leveraging County funding for housing resources and related services that already receive county funding or support. 		DECEMBER 2010
8	Subject to detailed operational and fiscal planning during Phase Two of the GR Restructuring process, eliminate the current cursory employability/NSA screening and replace it with a more extensive medical/mental health disability assessment performed by (1) DMH, (2) DHS or possibly		DECEMBER 2010

GR RESTRUCTURING MASTER IMPLEMENTATION CHART
JUNE 30, 2010

No.	APPROVED RECOMMENDATIONS	STATUS	TARGET IMPLEMENTATION DATE
	<p>DPH, and/or (3) DHS Public Private Partners (PPPs). For permanently disabled participants in need of additional documentation to support their SSI applications, a comprehensive medical/mental health evaluation would be performed. The extensive assessments and the comprehensive medical and mental health evaluations and write-ups will be funded with 50 - 75% new federal revenue.</p>	<p>Mental Health Disability Assessment</p> <p>A draft of the mental health disability assessment tool was developed and it will be tested in two DPSS Pilot Offices. At the conclusion of the short-term pilot, DPSS will evaluate the assessment tool and finalize a plan to expand services to all GR Districts. These assessments will be conducted by licensed DMH staff.</p> <p>Medical Disability Assessment</p> <p>Subsequent to the Board's approval of this recommendation, the County Counsel for DHS determined that the medical disability assessments fall outside of the scope of the existing contracts with DHS' Public Private Partners (PPPs) and, thus, neither the medical disability assessments nor the comprehensive evaluations can be implemented through an amendment to current PPP contracts. A new solicitation process will be required. DPSS plans to utilize a solicitation process to select qualified contractors.</p> <p>Mental Health Disability Evaluation</p> <p>DMH will hire two Psychologists and a Psychiatric Social Worker II to provide comprehensive mental health evaluations for a selected group of GR participants pursuing SSI.</p> <p>Medical Disability Evaluation</p> <p>Currently, DHS contracts with JWCH Institute, Inc. for a demonstration project to improve SSI approval rates for eligible homeless individuals. Services include outreach, case management, comprehensive medical and mental health evaluations and documentation, and serving as a temporary medical home. The services under this contract have been in place since December 2009, and the Contractor has already demonstrated tremendous success in getting SSI applications approved in a short timeframe for the homeless population it serves. DHS and DPSS are reviewing the JWCH contract to determine if it can be amended to add comprehensive medical evaluations to GR participants pursuing SSI. The proposed</p>	

GR RESTRUCTURING MASTER IMPLEMENTATION CHART
JUNE 30, 2010

NO.	APPROVED RECOMMENDATIONS	STATUS	TARGET IMPLEMENTATION DATE
		plan is contingent upon approval by County Counsel. If amending the JWCH contract is not a viable option, DPSS will complete a procurement process for the provision of comprehensive medical evaluations for a select group of GR participants pursuing SSI.	JULY 2010
9	DHS, DMH, and LASD to retrieve medical and mental health records on behalf of GR participants to support their disability claim for SSI. Most of the costs will be funded with 50% new federal revenue.	<p>DPSS held several meetings with DMH, DHS and LASD to discuss the implementation plan for this project. Project protocols have been drafted and are in the clearance process.</p> <p>DHS has hired three Registered Nurses (RNs) and is in the process of hiring the remaining four. DMH has hired one RN and is in the process of identifying a second one. LASD has identified a RN who will work on this Project on an interim basis until LASD hires a permanent staff person.</p> <p>Project staff has been trained on Project protocols. DHS will train DMH and LASD RNs as soon as the hiring process is completed. The training is targeted for the last week of July 2010.</p> <p>County Counsels from the affected Departments have cleared the "Authorization/Consent" form.</p> <p>We expect to implement this project in July 2010.</p>	JULY 2010
10	Maximize the claiming of retroactive Medi-Cal for GR participants who qualify for SSI and Medi-Cal.	Preliminary teleconference meetings with DPSS, DMH, and DHS were held in June 2010 to further discuss the data needs for this project.	AUGUST 2010

Attachment

GR RESTRUCTURING MASTER IMPLEMENTATION CHART
JUNE 30, 2010

NO.	APPROVED RECOMMENDATIONS	STATUS	TARGET IMPLEMENTATION DATE
11	<p>Integrate the Public Defender (PD) into SSI Advocacy, where GR participants are already clients of the Public Defender and advocacy can be combined with clients' representation in court.</p>	<p>Preliminary meetings took place in June 2010 with the Public Defender and internal partners to discuss the protocols of the pilot, such as: staffing, funding, and space. At the PD's request, the <u>Martinez v. Astriue</u> training material was provided to the PD on June 6, 2010.</p>	<p>AUGUST 2010</p>
12	<p>Modify the GROW Program to:</p> <ul style="list-style-type: none"> A. Customize services to individuals who are classified as: <ul style="list-style-type: none"> 1. Transitional Age Youth (TAY); 2. Veterans; and 3. Participants exiting Mandatory Substance Abuse Program (MSARP). 	<p>A.1 – The responsible workgroup met in May 2010. Los Angeles County Office of Education presented ideas for customizing services for the TAY population, which were accepted by the workgroup. A subsequent meeting will be scheduled during August 2010 to review proposed curriculum and other suggestions to develop resources for this project.</p> <p>A.2 – DPSS is exploring potential resources for this project.</p> <p>A workgroup meeting will be scheduled in July 2010 to discuss potential resources and other suggestions for this project.</p> <p>B & C – The first meeting of the responsible workgroup took place in June 2010. Some potential resources have been identified through collaboration with the Department of Rehabilitation.</p> <p>A follow-up meeting was held in June 2010 to discuss suggestions for the development of this project.</p>	<p>NOVEMBER 2010</p> <p>D - Preliminary meetings with DCFS and Probation Department took place in April 2010, with informal exchange of service information, resources and other ideas to be considered for this project.</p> <p>A meeting with the responsible workgroup will be scheduled in</p>

Attachment

GR RESTRUCTURING MASTER IMPLEMENTATION CHART
JUNE 30, 2010

NO.	APPROVED RECOMMENDATIONS	STATUS	TARGET IMPLEMENTATION DATE
	<p>E. Develop a comprehensive and ongoing evaluation plan of GROW to track outcomes for GR participants, including, but not limited to, education and training outcomes, length of employment obtained through GROW, and recidivism.</p>	<p>July 2010. The purpose of the meeting is to determine protocols for this collaboration and identify liaisons to assist with the referral process.</p>	<p>E – An internal DPSS meeting took place in April 2010. Future follow-up meetings will be scheduled after the implementation plans have been further developed, in order to determine the best way to track relevant information.</p> <p>First implementation/policy development workgroup will be convened in July 2010.</p>
13	<p>Establish collaboration between DPSS and the Probation Department to reduce the number of Emerging Adults (age 18-24) applying for GR benefits.</p>	<p>DPSS has established collaboration with DCFS and Probation Department to facilitate referrals to GROW services, including American Recovery and Reinvestment Act (ARRA) Projects. DPSS has designated a liaison to work with both departments on this effort.</p>	<p>COMPLETED MAY 2010</p> <p>This project was completed in May 2010.</p>
14	<p>Pursue federal reimbursement through FSET, at a rate of 50%, for mental health, domestic violence, and, to the extent possible, substance abuse services provided to GROW participants.</p>	<p>The DPSS plan that was submitted to the State was approved on May 5, 2010. Reimbursement through FSET for costs associated with support services to GROW participants can be claimed effective October 2010.</p>	<p>COMPLETED MAY 2010</p> <p>This project was completed in May 2010.</p>
15	<p>Establish collaboration with CSS, L.A. City and all other Workforce Investment Boards to provide job services and employment opportunities through the Work Source Centers, geared toward both youth and adult GROW participants.</p>	<p>Meetings of the responsible workgroup took place in May and June 2010. The purpose of the meetings was to discuss ideas for this collaboration, including guidelines for participants' minimum requirements, role of liaisons, referral criteria, services to be provided, etc.</p>	<p>NOVEMBER 2010</p>
16	<p>Expand GROW to include GED preparation.</p>	<p>DPSS has informed the responsible workgroup of this project and there were no objections to this proposal.</p>	<p>JULY 2010</p>

GR RESTRUCTURING MASTER IMPLEMENTATION CHART
JUNE 30, 2010

NO.	APPROVED RECOMMENDATIONS	STATUS	TARGET IMPLEMENTATION DATE
		DPSS is finalizing policy/procedures to implement a GED component for GROW participants who lack a high school diploma. A list of available education entities has been identified. Programmatic changes to MAPPER have been completed.	
	Conduct a comprehensive study of the Mandatory Substance Abuse and Recovery Program (MSARP) to evaluate its effectiveness.	CEO-SIB staff has shared a draft report, which is currently under review by DPSS.	JULY 2010
17	A. DPSS and DPH-ADPA will evaluate the redesign of MSARP based upon the results of the evaluation. B. Use the evaluation outcomes and DPH-ADPA Rate Study to inform a resolicitation process for GR services. C. Evaluate the need for substance abuse treatment services for emerging adults ages 18-24 and the need to design specialized treatment services for this population.		
18	Develop State and federal legislative/regulatory proposals to assist indigent adults and/or mitigate County costs and work with stakeholders to develop these proposals.	DPSS is examining possible areas where legislative and regulatory changes may be necessary and feasible. The initial responsible workgroup meeting will be convened in July 2010.	DECEMBER 2010
19	DPSS to expand data collection for the GR Program.	A meeting to discuss data collection and computer programming for all SSI Advocacy-related recommendations was held on June 22, 2010.	Ongoing
20	Include the GR Program in the County's and DPSS' strategic plans.	The GR Program has been incorporated in the County's and DPSS' Strategic Plan.	COMPLETED APRIL 2010
21	Conduct a pilot having the current Linkages GAIN Services Workers at two or three small DCFS offices work with the Children's Social Workers to utilize the Transition Conference as an opportunity to connect foster youth with County services.	The responsible workgroup for this recommendation will convene in July 2010.	AUGUST 2010
22	Provide better screening for Veterans and better referrals for	An initial meeting was held in June 2010 with Legal Aid Foundation of Los Angeles (LAFLA), Public Counsel, and	SEPTEMBER 2010

GR RESTRUCTURING MASTER IMPLEMENTATION CHART
JUNE 30, 2010

NO.	APPROVED RECOMMENDATIONS	STATUS	TARGET IMPLEMENTATION DATE
	assistance with claims and strengthen DPSS case management for Veterans who are on GR to enable them to qualify faster for Veteran's benefits and services.	<p>Department of Military and Veterans Affairs (DMVA).</p> <p>Project protocols for the DPSS/LAFLA pilot have been drafted and shared with the responsible workgroup. Comments are due from the workgroup by the end of June 2010. The Metro East District Office has been identified as the pilot site. DPSS is currently identifying space for LAFLA and DMVA staff to be co-located at the District and is in the process of identifying a liaison to work with LAFLA and DMVA on this pilot.</p> <p>Currently working with Public Counsel to develop a resource guide for Veteran participants.</p>	AUGUST 2010
23	Assess and enhance the current mechanisms designed to enable former foster care youth, medically indigent under 21 and probation youth to receive and retain Medi-Cal.	<p>An internal meeting was held on May 25, 2010 to discuss current DPSS efforts on this subject.</p> <p>Children in foster care automatically continue on Medi-Cal until they reach age 21; however, 50% of cases are terminated at redetermination for failure to respond. There is State legislation currently pending to automatically extend Medi-Cal benefits to age 21.</p>	<p>DPSS is currently taking Medi-Cal applications at probation camps only for minor consent services (Medi-Cal for individuals who need continuous services; e.g., pregnancy, mental health treatment, counseling, drug and alcohol abuse). DPSS is working with Probation on an automated listing of youth who are within 90 days of being released from the Probation system. Interface with Probation will be ready in July 2010. Draft protocols are being developed.</p> <p>A meeting with the responsible workgroup is tentatively scheduled for July 2010.</p>

GR RESTRUCTURING MASTER IMPLEMENTATION CHART
JUNE 30, 2010

NO.	APPROVED RECOMMENDATIONS	STATUS	TARGET IMPLEMENTATION DATE
24	Increase the GR Participants resources by: <ul style="list-style-type: none"> A. Allowing GR recipients to remain on GR while saving more money. Permit GR participants to maintain a Restricted Savings Account up to a pre-determined amount for the purpose of saving for housing, education or training expenses, and/or to start a business that would not be countable towards the property limit. B. Helping participants who have child support obligations by: <ol style="list-style-type: none"> 1. Educating workers and participants about the assistance DPSS currently offers to help lower child support payments for participants. 2. Work with the Child Support Services Department to reduce child support payments for participants after they leave GR for the first six months they have a job, to allow them to get on their feet before resuming higher child support payments. 	A - DPSS is currently reviewing policy on permitting restricted savings accounts for GR participants. B.1 - Draft protocols will be developed to educate DPSS staff on assisting GR participants with lowering their child support payments. B.2 - A meeting with the Child Support Services Department has been tentatively scheduled for July 2010. The purpose of the meeting is to discuss the feasibility of reducing child support payments for participants for six months after they leave GR due to employment.	OCTOBER 2010
25	Add positions in GR offices, through September 30, 2010, utilizing TANF emergency contingency funds (ECF), to assist GR participants navigate the GR process. Positions may be filled with GR non-custodial parents (NCPs) who qualify for ECF-funded subsidized employment.	This project was completed with the hiring of six participants who are currently working as Customer Services Assistants (CSAs) in the GR Districts lobby. In addition, there are four more candidates who are pending the results of their live scans for placement in a GR District lobby.	COMPLETED MAY 2010
26	CEO-SIB to conduct an evaluation of GR Program mandates, rules, time limits, sanctions, operational processes, and data limitations, including a cost/benefit analysis.	A kick-off meeting took place on June 9, 2010, with the CEO, DPSS and the research contractors. During the meeting, copies of the Qualitative and Quantitative contracts were provided. The goals of the study were discussed. Four focus groups will be formed with GR participants and there will also be focus groups with Eligibility Workers and Administrative staff. An action plan is being developed for the GR evaluation.	AUGUST 2010

GR RESTRUCTURING MASTER IMPLEMENTATION CHART
JUNE 30, 2010

NO.	APPROVED RECOMMENDATIONS	STATUS	TARGET IMPLEMENTATION DATE
27	Establish a GR Anti-Homelessness Account in the CEO's budget to fund enhanced services to reduce GR homelessness. Fund this account with savings from enhanced GR services, including but not limited to GR grant savings for participants who receive a rental subsidy and secure employment/SSI, and Interim Assistance Reimbursement for rental subsidies for GR participants who qualify for SSI.	DPSS is currently working with the CEO to establish the GR Anti-Homelessness Account.	JULY 2010
28	Assist GR participants manage their money better by: <ul style="list-style-type: none"> ▪ Formulating a list of banks that allow recipients to establish accounts with no minimum balances and minimal overdraft fees. ▪ Assembling training materials instructing clients about budgeting and money management as well as the security advantages of keeping their funds in a bank account. The instruction topics would also include balancing their check book, if utilizing an ATM to check their account status, and avoiding bank fees. ▪ Focusing on providing this information to GR participants securing SSI benefits. ▪ Engaging with community organizations involved with assisting individuals with money management issues. ▪ Seeking volunteer agencies who will offer training or assistance to GR participants on money management. 	DPSS has identified banks that accept EBT cards without surcharges. This listing will be used to assist in the development of this project. The initial meeting of the responsible workgroup is scheduled for July 2010.	JANUARY 2011
29	Do not limit the housing subsidy to 9 months for employable GR participants. Instead, permit employable GR participants who reach the 9-month time limit to continue receiving the subsidy during the 3 months that they are ineligible to GR.	A meeting will be scheduled in July 2010 to discuss the implementation plan for this project, specifically changes to the LEADER system to allow the continuation of the housing subsidy during the three months that employable GR participants are ineligible to GR due to time limits.	SEPTEMBER 2010
30	DPSS should engage in a dialogue with board and care operators to determine how to increase usage of board and care facilities by homeless GR participants. Explore providing information to GR participants on board and care facilities upon release from emergency rooms or hospitals.	A meeting with two Board and Care agencies to discuss other housing options for homeless GR participants took place on June 23, 2010.	AUGUST 2010

GR RESTRUCTURING MASTER IMPLEMENTATION CHART
JUNE 30, 2010

NO.	APPROVED RECOMMENDATIONS	STATUS	TARGET IMPLEMENTATION DATE
31	<p>Improve upon DPSS' GR SSI and Medi-Cal Advocacy Program by:</p> <ol style="list-style-type: none"> Advocating for a change in federal regulations that would extend the protected filing date from 60 days to as many as 365 days, to increase the period of time during which the County could secure Interim Assistance Reimbursement for GR grants/rental subsidies and retroactive Medi-Cal. Customizing the approach to securing SSI based on the condition and available documentation for individual GR participants by: <ul style="list-style-type: none"> Better identifying GR participants who are potentially eligible for SSI through a more extensive medical and/or mental health disability assessment (approved in Phase One). Evaluating available medical treatment documentation and utilizing the document retrieval process (approved in Phase One), if necessary. Evaluating whether a comprehensive medical/mental health evaluation (approved in Phase One), and the resulting write-up would strengthen the SSI application, and, if so, refer the participant for an evaluation. Making an appropriate decision about when to file the SSI application in order to increase the chance of approval, based on the participant's situation and the results of any assessments, medical documentation, and/or evaluation. Implementing the SSI/SSDI Outreach Access and Recovery (SOAR) principles and strategies. 	<p>GR participants</p> <ol style="list-style-type: none"> Preliminary discussions have taken place with the local Social Security Administration regarding the protected filing date. A meeting will be scheduled for further discussions in July 2010. The current focus of this effort is a potential operational change at the local level, rather than a federal regulatory change. A preliminary meeting with an internal DPSS focus group, comprised of DPSS SSI Advocates, was held on June 23, 2010, to discuss different ways of implementing these recommendations. <p>A subsequent meeting with the responsible workgroup was held on June 24, 2010 to discuss the project's course of action.</p>	<p>DECEMBER 2010</p> <p>AUGUST 2010</p> <p>SEPTEMBER 2010</p> <p>3. SOAR training will be conducted by Mental Health Advocates, Inc. and is tentatively scheduled to take place in</p>

Attachment

GR RESTRUCTURING MASTER IMPLEMENTATION CHART
JUNE 30, 2010

NO.	APPROVED RECOMMENDATIONS	STATUS	TARGET IMPLEMENTATION DATE
	<p>4. Seeking training from Social Security Administration for DPSS SSI advocates on SSI medical disability standards and case development.</p> <p>5. Developing the disability assessment and evaluation tools in consultation with medical/mental health professionals and experienced SSI advocates.</p>	<p>July, August and September 2010.</p> <p>4. SSA Committed to provide training to DPSS staff. Future meetings with SSA will be held to finalize the training schedule.</p> <p>5. The mental health disability assessment tool has been developed. A pilot will be implemented in two to three designated areas in an effort to test the revised tool. At the conclusion of the short-term pilot, it is our intent to expand services to all GR Districts as soon as possible.</p>	<p>AUGUST 2010</p> <p>DECEMBER 2010</p>
32	<p>Provide ancillary expenses for showers, shoes, clothes, etc., for those pursuing SSI, including a motel voucher for the night before an SSI appointment with California Department of Social Services or Social Security Administration, when needed to enable the participant to arrive on time.</p>	<p>A preliminary meeting with an internal DPSS focus group comprised of DPSS SSI Advocates to discuss the different ways of implementing the recommendation was held on June 23, 2010. The responsible workgroup meeting with all partners to discuss the project's course of action was held on June 24, 2010.</p>	<p>JULY 2010</p>
33	<p>Collaborate with private medical facilities to retrieve medical and mental health records on behalf of GR participants to support their disability claim for SSI as part of the current DPSS-DHS homeless release project.</p>	<p>A meeting with Hollywood Presbyterian and White Memorial hospitals will be scheduled in August 2010 to discuss the feasibility of retrieving medical records on behalf of GR participants.</p>	<p>JANUARY 2011</p>

GR RESTRUCTURING MASTER IMPLEMENTATION CHART
JUNE 30, 2010

NO.	APPROVED RECOMMENDATIONS	STATUS	TARGET IMPLEMENTATION DATE
34	<ul style="list-style-type: none"> ▪ Assist GR participants applying for SSI benefits by: <ul style="list-style-type: none"> ▪ Identifying GR participants who are in need of mental health treatment to secure medical documentation needed to secure SSI; ▪ Subject to funding, providing mental health treatment to those participants; ▪ Prioritizing mental health services for GR participants who need to pursue SSI; ▪ Documenting those who cannot be treated due to lack of funding; ▪ Ensuring cost recoupment from retroactive Medi-Cal; ▪ Assessing current procedures for providing mental health treatment to GR participants; and ▪ Recommending changes to better keep participants engaged in treatment. 	<p>The first meeting with the responsible workgroup to discuss the protocols for this project was held on June 23, 2010.</p>	SEPTEMBER 2010
35	<p>DPSG SSI Advocates should provide case management that will help GR SSI applicants keep track of appointments.</p>	<p>A preliminary meeting with an internal DPSS focus group comprised of DPSG SSI Advocates was held on June 23, 2010, to discuss different ways of implementing the recommendation. The responsible workgroup meeting with all partners to discuss the project's course of action was held on June 24, 2010.</p>	AUGUST 2010
36	<p>Pursue a pilot to coordinate ongoing health and mental health treatment for GR participants pursuing SSI, dependent upon available funding.</p>	<p>The first meeting with the responsible workgroup to discuss the protocols for this project was held on June 23, 2010.</p>	DECEMBER 2010
37	<p>Strengthen current process to identify GR participants who were previously on SSI and prioritize SSI advocacy for them.</p>	<p>A preliminary meeting with an internal DPSS focus group comprised of DPSG SSI Advocates was held on June 23, 2010, to discuss different ways of implementing the recommendation. The responsible workgroup meeting with all partners to discuss the project's course of action was held on June 24, 2010.</p>	AUGUST 2010

Attachment

GR RESTRUCTURING MASTER IMPLEMENTATION CHART
JUNE 30, 2010

No.	APPROVED RECOMMENDATIONS	STATUS	TARGET IMPLEMENTATION DATE								
38	<p>Establish the following targets for SSI Approvals:</p> <ol style="list-style-type: none"> For SSI applications filed in FY 10/11 and ongoing, increase the SSI approval rate at the initial application level to at least 50% in FY 10/11, to at least 60% in FY 11/12, and to at least 70% in FY 12/13. For the overall number of SSI approvals, increase the number of SSI approvals as follows: <table border="1" data-bbox="584 1265 796 1855"> <thead> <tr> <th>FY 2008-09 Baseline</th> <th>FY 2010-11 Target</th> <th>FY 2011-12 Target</th> <th>FY 2012-13 Target</th> </tr> </thead> <tbody> <tr> <td>5891</td> <td>6400</td> <td>6900</td> <td>7400</td> </tr> </tbody> </table>	FY 2008-09 Baseline	FY 2010-11 Target	FY 2011-12 Target	FY 2012-13 Target	5891	6400	6900	7400	<p>The workgroup meeting to discuss different ways of accomplishing the targets for SSI approvals was held on June 24, 2010.</p>	JUNE 2011 and ongoing
FY 2008-09 Baseline	FY 2010-11 Target	FY 2011-12 Target	FY 2012-13 Target								
5891	6400	6900	7400								
39	Address/fix non-disability related SSI eligibility issues such as citizenship documentation, birth certificate, etc.	The responsible workgroup meeting with all partners was held on June 24, 2010.	AUGUST 2010								
40	Strengthen existing relationships with the Social Security Administration.	<p>An upper level management meeting with the Social Security Administration, Veterans Administration, CEO and various County Departments was held on June 22, 2010. The purpose of the meeting was to stress the importance of collaboration among departments for the successful implementation of the GR Restructuring projects.</p>	Ongoing								
41	<p>Implement a transportation pilot project to evaluate the impact of providing monthly bus passes to two groups of GR participants to determine whether providing bus passes (instead of individual tokens) increases their likelihood of approval for SSI:</p> <ol style="list-style-type: none"> GR participants pursuing SSI, and GR participants receiving a housing subsidy and pursuing SSI. 	<p>A follow-up meeting will be scheduled for July 2010.</p>	AUGUST 2010								

GR RESTRUCTURING MASTER IMPLEMENTATION CHART
JUNE 30, 2010

No.	APPROVED RECOMMENDATIONS	STATUS	TARGET IMPLEMENTATION DATE
	The pilot will consist of 200 GR participants. Each participant will contribute \$10 per month toward the cost of the bus pass. Results will be compared after one year of the pilot. If providing bus passes is shown to be a good method of helping participants obtain approval of SSI benefits more quickly, DPSS will then explore ways of providing them to more participants.		
42	<p>Reconstitute the GR Restructuring Workgroup as the GR Restructuring Steering Committee to meet quarterly to do the following:</p> <ul style="list-style-type: none"> ▪ Work together on the implementation process; ▪ Review evaluation data and make recommendations for any adjustments to processes or targets; and ▪ Identify and pursue opportunities for GR service integration. 	<p>All GR Restructuring Workgroup members were invited to be part of the specific workgroups for the individual recommendations.</p> <p>The first quarterly meeting of the GR Restructuring Steering Committee is targeted for July 2010.</p>	JULY 2010



County of Los Angeles CHIEF EXECUTIVE OFFICE

Kenneth Hahn Hall of Administration
500 West Temple Street, Room 713, Los Angeles, California 90012
(213) 974-1101
<http://ceo.lacounty.gov>

WILLIAM T FUJIOKA
Chief Executive Officer

November 5, 2010

Board of Supervisors
GLORIA MOLINA
First District

MARK RIDLEY-THOMAS
Second District

ZEV YAROSLAVSKY
Third District

DON KNABE
Fourth District

MICHAEL D. ANTONOVICH
Fifth District

TO: Supervisor Gloria Molina, Chair
Supervisor Mark Ridley-Thomas
Supervisor Zev Yaroslavsky
Supervisor Don Knabe
Supervisor Michael D. Antonovich

FROM: William T Fujioka
Chief Executive Officer

GENERAL RELIEF RESTRUCTURING PLAN: QUARTERLY UPDATE

This is to provide a report on the progress of the implementation of the General Relief (GR) Restructuring Plan (RP).

On April 24, 2009, on a motion by Supervisor Knabe, your Board instructed the Chief Executive Officer (CEO), in collaboration with the Department of Public Social Services (DPSS), and consultation with County Counsel, to design a potential GR program that will better assist GR participants, with the expectation that more of these individuals would be able to transition off of County assistance. In response, the GR Restructuring Workgroup (RW), consisting of 11 County departments and ten stakeholders, was convened. On February 9, 2010, your Board approved the comprehensive plan to restructure the GR program. This plan consisted of 42 recommendations designed to reduce the GR caseload over time by focusing services on housing assistance, Supplemental Security Income (SSI) advocacy, and employment preparation.

The GR RW members were invited to participate in various workgroups that were convened by DPSS to assist in the implementation of the plan. Several internal DPSS meetings, and meetings with other County departments and community stakeholders, have taken place to discuss the implementation of the various GR restructuring projects. As a result of the great support and collaboration from the different partners, 13 GR Restructuring Recommendations have already been implemented and we anticipate that eight more will be implemented in October 2010. The attached Chart provides the status of all 42 approved RW recommendations.

"To Enrich Lives Through Effective And Caring Service"

**Please Conserve Paper – This Document and Copies are Two-Sided
Intra-County Correspondence Sent Electronically Only**

Each Supervisor
November 5, 2010
Page 2

Approved Workgroup Recommendations That Have Been Implemented

As reported in the Quarterly Report, dated July 2, 2010, the following four recommendations were implemented:

- Recommendation No. 13, collaboration with Department of Children and Family Services (DCFS) and the Probation Department to connect youth to existing American Recovery and Reinvestment Act (ARRA) funded projects: DPSS has established collaboration with DCFS and Probation Department to facilitate referrals to General Relief Opportunities for Work (GROW) services, including ARRA funded services. DPSS has designated a liaison to work with both departments on this effort. Additionally, the GROW program has been assisting several individuals who emerged from foster care and needed assistance with various issues. Some were referred to the district offices to apply for CalWORKs, GR, or other benefits. Qualifying participants were referred to the WorkSource Centers for assistance with subsidized employment and/or housing as needed. Approximately 50 individuals have received services/referrals under this project. A more formal/structured process is being developed according to Recommendations No. 12 and 21.
- Recommendation No. 14, pursuit of federal reimbursement through Food Stamp Employment and Training (FSET) for reimbursement for supportive services to GROW participants: The State approved DPSS' FSET plan; therefore, reimbursement through FSET for costs associated with support services to GROW participants can be claimed effective October 2009. During Fiscal Year (FY) 2009-10, DPSS claimed \$1,388,390 for GROW Mental Health services, of which \$694,195 is from federal revenue.
- Recommendation No. 20, GR program has been incorporated in the County's and DPSS' Strategic Plan (SP).

Strategy 3 of the County's SP includes Objectives 2 and 3 related to the GR program:

Objective 2: GR to SSI: By June 30, 2010, assess the success of the implementation of the GR to SSI project working with DPSS, departments of Health Services (DHS), Mental Health (DMH), and Public Health (DPH) staff. Based upon the evaluation, determine whether to continue program and/or integrate with GR Efficiencies Initiative. As of September 30, 2010, there are 497 GR participants approved for SSI benefits through the GR to SSI project. This far exceeds the original goal number of 200 approvals. DPSS continues to monitor pending applications and expects more approvals in future months.

Objective 3: By June 30, 2010, to achieve GR Efficiencies, develop recommendations with stakeholders, present plan to the Board of Supervisors, and begin project implementation. A Workgroup composed of 11 County departments and 10 stakeholders was formed and multiple meetings were convened to discuss a GR RP. A 42 recommendation RP was agreed upon by the RW and approved by the Board of Supervisors on February 9, 2010. As of September 30, 2010, 13 of the 42 approved recommendations have been implemented and we anticipate that eight more will be implemented in October 2010.

Goal I, Program Excellence of the DPSS' SP included Objective 1.1.7 related to the GR program. By June 2010, redesign the GR program to reduce homelessness, increase the number of customers who transition to SSI, and increase the number of customers who become employed.

- Recommendation No. 25, addition of positions utilizing ARRA to assist participants through the GR process: Six participants worked as Customer Services Assistants in the GR district lobbies until September 30, 2010, when the available funding ended.

In addition to the four Recommendations implemented and reported in the previous Quarterly Report, dated July 2, 2010, the following nine Recommendations were implemented between July 2010 and September 2010:

- Recommendation No. 5, expansion of the Housing Subsidy Project (HSP) offers a rental subsidy for GR participants to provide the stability needed to find and maintain a job or secure SSI benefits. The expansion of the GR HSP and Case Management Project was implemented on August 2, 2010. This project offers a rental subsidy of \$400 to homeless GR participants pursuing employment or SSI/Veterans benefits. An additional 640 subsidy slots are now available. The slots will increase over time as funding becomes available through the GR Anti-homelessness Account (AHA).
- Recommendation No. 9, collaboration with DHS, DMH, and the Los Angeles County Sheriffs' Department (LASD) to retrieve medical and mental health records on behalf of GR participants to support their disability claim for SSI. The project was implemented in August 2010. Project protocols were released and SSI Advocacy staffs were trained. A comprehensive training for Registered Nurses (RNs) was conducted on August 13, 2010. DHS and LASD are now processing pre-clearance requests and retrieving medical and mental health records. DMH is in the process of hiring both of its RNs.

Each Supervisor
November 5, 2010
Page 4

- Recommendation No. 10, collaboration with DMH and DHS to maximize the claiming of retroactive Medi-Cal for GR participants who qualify for SSI. A monthly activity list is being transmitted to DMH and DHS on a monthly basis. This list is a key factor in allowing DMH and DHS to significantly improve their retroactive Medi-Cal claims processing efforts for GR participants who were recently approved for SSI. The first list was forwarded to DMH and DHS in September 2010.
- Recommendation No. 16, expand GROW to include General Education Development preparation for GROW participants who lack a high school diploma. A list of available education entities has been identified and made accessible to Case Managers who share this information with GR Participants.
- Recommendation No. 19, expand data collection for the GR program and determine its needs. DPSS Systematic Measurement, Accountability, and Reporting Tool (DPSSSMART) have expanded data collection efforts. DPSS has evaluated its need for additional GR program data and has initiated the following:
 - Identified key GR program data that will be accessible to all DPSS staff through DPSSSMART;
 - Developed an internal SSI and Medi-Cal Advocacy Program (SSIMAP) database to track all SSI advocacy data related to GR restructuring;
 - Developed a mechanism to track all GR restructuring project data; and
 - Expanding GR data collection is an ongoing effort that will be enhanced as the Department identifies additional data needs.
- Recommendation No. 27, establish a GR AHA in the CEO's budget to fund enhanced services to reduce GR homelessness. This account will be funded with savings from enhanced GR services, including but not limited to GR grant savings for participants who receive a rental subsidy and secure employment/SSI, and Interim Assistance Reimbursement for rental subsidies for GR participants who qualify for SSI. The AHA was set up in the DPSS Assistance budget in September 2010.
- Recommendation No. 38, establish targets for: 1) SSI approvals filed in FY 2010-11 and ongoing; and 2) the overall number of SSI approvals. SSI approval targets have been established and communicated to staff. These targets were recently reiterated in the SSIMAP newsletter and at the SSI Advocate Quarterly Meeting. SSI approvals are tracked on a monthly basis.

Each Supervisor
November 5, 2010
Page 5

- Recommendation No. 40, strengthen existing relationships with the Social Security Administration (SSA). In addition to the June 22, 2010, upper level management meeting with the SSA, Veterans Administration, CEO, and various County Departments, a second meeting attended by DPSS, SSA, and Disability Determination Services Division staff was held on August 12, 2010, to strategize ways of helping more GR participants' transition to SSI. The three agencies committed to collaborate with each other to meet their objective of increasing the number of SSI approvals among GR participants. Agencies agreed to meet quarterly to discuss progress made.
- Recommendation No. 42, hold quarterly meetings of the GR Restructuring Steering Committee (RSC): The GR RSC held its first quarterly meeting in July 2010. The next meeting will be held in October 2010.

An update on all 42 GR restructuring projects is provided on the attached GR Restructuring Master Implementation Chart.

We will provide the next quarterly report in January 2011.

Please let me know if you have any questions, or your staff may contact Kathy House at (213) 974-4530, or via email at khouse@ceo.lacounty.gov.

WTF:AJ:KH
DS:JAB:cvb

Attachment

c: County Counsel
Executive Office, Board of Supervisors
Public Social Services

Memo to BOS – GR Restructuring Quarterly Report.doc

GR RESTRUCTURING MASTER IMPLEMENTATION CHART
SEPTEMBER 30, 2010

NO.	APPROVED RECOMMENDATIONS	STATUS	TARGET IMPLEMENTATION DATE
1	Subject to applicable confidentiality requirements, use the Adult Linkages Project mechanism to identify the County service history of GR applicants/participants, so that applicants/participants can be offered services that take into account the totality of their individual circumstances.	The Chief Executive Office (CEO) approved funding for the one-time cost implementation of this recommendation. CEO-SIB is currently working with SAS (contractor), DPSS, and County Counsel to develop the system that will be used by DPSS eligibility staff to access real time service utilization records for GR applicants/participants.	FEBRUARY 2011
2	The County should develop an innovative service integration model that can support County departments, other governmental entities, and community partners in concurrently serving a shared clientele.	The meeting intended for July 2010 did not take place; it will be rescheduled at the beginning of October 2010. Research is still pending on this project.	FEBRUARY 2011
3	Increase integration of services between the Sheriff's Department and DPSS by: <ul style="list-style-type: none"> A. Developing a plan to enhance the current County jail match to identify individuals who are incarcerated and have a linkage to GR benefits, to provide pre- and post-release services and SSI Advocacy that will assist with their re-entry into society. B. Assessing the DPSS/Sheriff's Homeless Release Project to determine its effectiveness. C. Implementing a review protocol to determine whether any outstanding warrants remaining on the GR/SSI applicant's record should be cleared, recalled or withdrawn. D. Ensuring that probation, parole, and other warrants that should have been satisfied by a GR/SSI applicant's stay in jail have been withdrawn or recalled. E. Appointing a liaison for individuals with outstanding warrants whom advocates and County employees can contact directly to: (1) inquire about the underlying reason and validity of a warrant and (2) assist the SSI advocate in "clearing up" the warrant. F. Referring disabled individuals exiting jail who apply for GR to a SSI advocate/liaison, in order to re-establish SSI benefits and work with agencies (i.e., probation, parole, public defender, courts, etc.) to recall existing warrants. G. Referring disabled individuals exiting jail who do not have 	A meeting was held on July 7, 2010 with the designated workgroup, which includes DPSS, Sheriff, Public Defender and a representative from the Public Social Services (PSS) Commission. The Department of Public Social Services (DPSS) presented an overview of the current Jail Match and enhancements were recommended. Additionally, an overview of the DPSS/Sheriff Homeless Project was presented.	Los Angeles Sheriff Department (LASD) indicated that outstanding warrants are resolved prior to an inmate being released from jail. However, due to the huge number of inmates, some are not properly cleared through the system prior to being released. LASD agreed to work on a system to ensure that all inmates being identified for this project are cleared through their system to ensure that warrants are resolved prior to releasing inmates. A second meeting was held on September 9, 2010. DPSS and LASD are working to identify additional data fields for the jail match listing to ensure more matches are made when the listing is run. The workgroup also discussed ways to clear warrants for potentially SSI eligible inmates who have prior GR history. A Custody Assistant candidate has been identified to be a liaison between staff and the LASD to help clear warrants for potentially Supplemental Security Income (SSI) eligible

GR RESTRUCTURING MASTER IMPLEMENTATION CHART
SEPTEMBER 30, 2010

NO	APPROVED RECOMMENDATIONS	STATUS	TARGET IMPLEMENTATION DATE
4	<p>SSI benefits to GR SSIMAP for benefits establishment.</p> <p>Encourage police agencies to make social services referrals for the homeless and connect them with resources, rather than issuing citations.</p>	<p>Inmates who have prior General Relief (GR) history.</p> <p>A meeting was held on June 17, 2010 with the Long Beach Police Department, L.A. County Sheriff's Department and Community partners.</p> <p>The Long Beach Police Department and LASD provided an overview of their services to the homeless population.</p> <p>DPSS will work with the police agencies to create a simple informational document in multiple languages to distribute to the homeless and connect them to services. LASD has agreed to draft the informational document.</p>	<p>NOVEMBER 2010</p>
5	<p>Enhance Subsidized Housing by:</p> <ul style="list-style-type: none"> A. Increasing the total number of housing subsidies to 10,000 by December 2014. B. Increasing the number of housing subsidies for homeless disabled GR participants pursuing, or willing to pursue, SSI and/or veterans benefits, so that 100% of homeless disabled GR participants pursuing SSI and/or veterans benefits are offered a housing subsidy within 5 years. C. Increasing the number of housing subsidies for homeless, employable GR participants. 	<p>The following key points were implemented in the Administrative Directive which was released to Project staff on August 2, 2010, for instructions and procedures:</p> <p>A. The GR Housing Subsidy Pilot has been expanded to include an additional 640 housing subsidy slots, bringing the total slots from 900 to 1,540. The current implementation plan projects to increase the housing subsidies based on the savings generated by GR participants who receive a housing subsidy and exit GR with work or disability benefits.</p> <p>B. & C. The new 640 housing subsidies added to the Pilot were allocated as follows: 320 for GR employable participants and 320 for GR disabled participants pursuing SSI and/or veterans benefits.</p>	<p>IMPLEMENTED AUGUST 2010</p>

GR RESTRUCTURING MASTER IMPLEMENTATION CHART
SEPTEMBER 30, 2010

NO	APPROVED RECOMMENDATIONS	TARGET IMPLEMENTATION DATE
NO	APPROVED RECOMMENDATIONS	STATUS
D	As in the current GR Housing and Case Management Project.	D. Incorporated in the implementation Administrative Directive.
a	Subsidized housing itself should not be time-limited, allowing people to stay as permanent residents, after they start receiving outside income and can pay for their housing.	
b	The housing subsidy should be encouraged, but not required.	
E	Increasing the GR rental subsidy amount from \$300 to \$400 and reducing the participant's contribution from the grant from \$136 to \$100, so the total amount available for rent will be \$500.	E. The GR Housing Subsidy amount was increased from \$300 to \$400 and the participant's contribution from the grant was reduced from \$136 to \$100. The new total amount available is \$500.
F	Pursuing federal reimbursements for housing subsidy payments made to employable GR participants through the Food Stamp and Employment Training (FSET) fund at a rate of 50%, and pursuing reimbursement for housing subsidy payment made to GR participants who are approved for SSI through the Interim Assistance Reimbursement Program, at a rate of 100%.	F. & G. DPSS is internally working and has established procedures to pursue federal reimbursement for housing subsidy payments made to employable GR participants through the FSET fund and to pursue reimbursement for housing subsidy payments made to GR participants who are approved for SSI through the IAR process. The money recouped from SSI will be reinvested in additional housing subsidies.
G	Reinvesting the money recouped from SSI (Interim Assistance Reimbursement for housing subsidies) in additional housing subsidies.	
H	Recruiting participants for the Housing Subsidy and Case Management Program during the GR intake process and making additional efforts throughout the course of case management to encourage participants to remain in the Housing Subsidy and Case Management Program and identify causes of participants dropping out of the subsidy.	H. Two training sessions were conducted on July 15, 2010 to provide Project Staff, eligibility staff both intake and approved, GROW Case Managers and SSI Advocates with the new procedures on the expansion of the Housing Subsidy Pilot Program.
6	Implement a pilot project (subject to a cost benefit analysis) by master leasing and/or purchasing foreclosed apartment	August 2, 2010, The final approved Administrative Directive was released and the expansion of the Housing Subsidy Pilot Program was implemented.
		The meeting intended for July 2010 did not take place; it will be rescheduled in October 2010. Research is still pending on this
		JANUARY 2011

GR RESTRUCTURING MASTER IMPLEMENTATION CHART
SEPTEMBER 30, 2010

NO.	APPROVED RECOMMENDATIONS	STATUS	TARGET IMPLEMENTATION DATE
	buildings and/or multi-family housing units and/or dorm-like housing to be provided for the indigent homeless population. This housing should be owned and/or operated by a non-profit housing developer and/or homeless service provider with expertise in managing housing with services.	project	
7	Address supportive housing needs by:	<p>A. Exploring housing options for mentally ill participants through City and County Housing Authorities and other smaller Housing Authorities throughout LA County.</p> <p>B. Identifying and leveraging County funding for housing resources and related services that already receive county funding or support.</p>	<p>A. DMH and DPSS staff held a pre-meet on April 27, 2010, to discuss possible housing experts and providers to be invited to assist with the implementation on this effort. A list of potential collaborative agencies was developed. The responsible workgroup met on June 24, 2010, to discuss the implementation plan for this project</p> <p>A second workgroup meeting was held on August 4, 2010. A presentation on the Mental Health Services Act (MHSA) was made by Department of Mental Health (DMH) staff. Additionally, Los Angeles Homeless Services Authority (LAHSA) staff made a presentation on Project 50. MHSA, A Community of Friends and some local missions were identified as agencies that offer potential housing options to mentally ill GR participants who meet their criteria.</p> <p>B. Additionally, the group discussed the most viable projects and funding, which currently have housing slots available. All of the projects identified have limited funding. However, A Community of Friends, which is funded by the Community Development Commission (CDC) will be further explored.</p>
8		Subject to detailed operational and fiscal planning during Phase Two of the GR Restructuring process, eliminate the current cursory employability/NSA screening and replace it with a more extensive medical/mental health disability assessment performed by (1) DMH, (2) DHS or possibly DPH, and/or (3) DHS Public Private Partners (PPPs). For permanently disabled participants in need of additional documentation to support their SSI applications, a comprehensive medical/mental health evaluation would be	<p>Meetings were held with DMH and DHS regarding the implementation of the Disability Assessments/Comprehensive Evaluations.</p> <p><u>Mental Health Disability Assessment</u></p> <p>A draft of the mental health disability assessment tool was developed and it is being tested in the DPSS Metro Special District Office. At the conclusion of the short-term pilot, DPSS</p>

GR RESTRUCTURING MASTER IMPLEMENTATION CHART
SEPTEMBER 30, 2010

NO	APPROVED RECOMMENDATIONS	STATUS	TARGET IMPLEMENTATION DATE
	<p>performed. The extensive assessments and the comprehensive medical and mental health evaluations and write-ups will be funded with 50 - 75% new federal revenue.</p>	<p>will evaluate the assessment tool and finalize a plan to expand services to all GR Districts. These assessments will be conducted by licensed DMH staff.</p> <p>DPSS and DMH developed an implementation plan to begin providing the enhanced mental health disability assessment. Implementation will be staggered and the new DMH Psychiatric Social Workers will be phased-in beginning October 2010.</p> <p><u>Medical Disability Assessment</u></p> <p>Subsequent to the Board's approval of this recommendation, the County Counsel for DHS determined that the medical disability assessments fall outside of the scope of the existing contracts with DHS' Public Private Partners (PPPs) and, thus, neither the medical disability assessments nor the comprehensive evaluations can be implemented through an amendment to current PPP contracts.</p>	DECEMBER 2010

GR RESTRUCTURING MASTER IMPLEMENTATION CHART
SEPTEMBER 30, 2010

NO	APPROVED RECOMMENDATIONS	STATUS	TARGET IMPLEMENTATION DATE
9	DHS, DMH, and LASD to retrieve medical and mental health records on behalf of GR participants to support their disability claim for SSI. Most of the costs will be funded with 50% new federal revenue.	<p>Project protocols were released and SSI Advocacy staff trained. DPSS continues to meet with DMH, DHS and LASD to clarify issues, exchange best practices and measure the progress made.</p> <p>DHS has finalized hiring all seven Registered Nurses (RNs). DMH is in the process of hiring both of its RNs. The RN previously reported as hired did not take place. LASD has identified one RN who will work in this project on an interim basis until LASD hires a permanent staff person.</p> <p>A comprehensive training for RNs was conducted on August 13, 2010. Training presenters included staff from SSA, DDSD and DHS.</p> <p>The project was implemented in August 2010.</p> <p>DHS and LASD are now processing pre-clearance requests and retrieving medical and mental health records. DMH does not have the staff yet for this program.</p>	IMPLEMENTED AUGUST 2010
10	Maximize the claiming of retroactive Medi-Cal for GR participants who qualify for SSI and Medi-Cal.	<p>Preliminary teleconference meetings with DPSS, DMH, and DHS were held in June 2010 to further discuss the data needs for this project.</p> <p>A listing of GR participants who were approved for Supplemental Security Income (SSI) will be transmitted to DMH and DHS on a monthly basis. The first report was forwarded to DMH and DHS in September 2010. This list is a key factor in allowing them to significantly improve their retroactive Medi-Cal claims processing efforts for GR participants who were recently approved for SSI.</p>	IMPLEMENTED SEPTEMBER 2010

GR RESTRUCTURING MASTER IMPLEMENTATION CHART
SEPTEMBER 30, 2010

NO.	APPROVED RECOMMENDATIONS	STATUS	TARGET IMPLEMENTATION DATE
11	<p>Integrate the Public Defender (PD) into SSI Advocacy, where GR participants are already clients of the Public Defender and advocacy can be combined with clients' representation in court.</p>	<p>PD identified the Compton Courthouse as the location for this project. Staff has been selected. One DPSS SSI Advocate and one PD Psychiatric Social Worker II will be collocated at the PD site to provide SSI Advocacy services. We are in the process of finalizing the MOU, project protocols and funding for site preparation and equipment.</p>	OCTOBER 2010
12	<p>Modify the GROW Program to:</p> <ul style="list-style-type: none"> A. Customize services to individuals who are classified as: <ul style="list-style-type: none"> 1. Transitional Age Youth (TAY); 2. Veterans; and 3. Participants exiting Mandatory Substance Abuse Program (MSARP). 	<p>NOVEMBER 2010</p> <p>A.1. The implementation plan for this project is being finalized by the workgroup. Items that need to be finalized include GROW Computer Programming changes; curriculum for specialized job club class by LACOE; instructions to staff. Target implementation date is November 2010.</p> <p>A.2. The implementation plan for this project is being finalized. Items that need to be finalized include compiling list of available resources and distribution of outreach material for referrals to Weingart Center. A mass mailing will be completed this month to send out information to all identified GR/GROW Veterans.</p> <p>A.3. The implementation plan for this project is in progress. Items pending include computer enhancements from LEADER to track progress and completion of MSARP treatment (GR Program); once this process is completed, information will be interfaced to MAPPER for expansion of services to qualifying participants. Expected completion date is November 2010.</p> <p>B & C. Projects 12 B&C were implemented on August 2, 2010 with limited services. Full implementation of this project is in progress. Items pending completion include amendments to GROW contracts to incorporate services to Volunteers and some programmatic changes. Target date for full implementation is November 2010.</p> <p>C. Enhance services for Needs Special Assistance (NSA)</p>	

GR RESTRUCTURING MASTER IMPLEMENTATION CHART
SEPTEMBER 30, 2010

NO	APPROVED RECOMMENDATIONS	STATUS	TARGET IMPLEMENTATION DATE
12	<p>participants by providing them voluntary employment preparation services and mental health treatment through the GROW Program. Volunteers would not be subject to sanctions.</p> <p>D. Establish collaboration between DPSS, DCFS, and Probation to provide enhanced services to GROW participants ages 18-24 who come out of foster care and probation.</p> <p>E. Develop a comprehensive and ongoing evaluation plan of GROW to track outcomes for GR participants, including, but not limited to, education and training outcomes, length of employment obtained through GROW, and recidivism.</p>	<p>D. A workgroup meeting took place on August 26, 2010 to discuss action items needed to implement this project. A follow-up conference call with DCFS/Probation to discuss finalizing of the implementation plan took place on September 13, 2010.</p> <p>E. An internal DPSS meeting took place in April 2010. Future follow-up meetings will be scheduled after the implementation plans have been further developed, in order to determine the best way to track relevant information. The development of this project is ongoing and the workgroup will continue to develop tracking mechanisms as the projects roll-out.</p>	NOVEMBER 2010
13	Establish collaboration between DPSS and the Probation Department to reduce the number of Emerging Adults (age 18-24) applying for GR benefits.	DPSS has established collaboration with DCFS and Probation Department to facilitate referrals to GROW services, including American Recovery and Reinvestment Act (ARRA) Projects. DPSS has designated a liaison to work with both departments on this effort.	IMPLEMENTED MAY 2010
14	Pursue federal reimbursement through FSET, at a rate of 50%, for mental health, domestic violence, and, to the extent possible, substance abuse services provided to GROW participants.	The DPSS plan that was submitted to the State was approved on May 5, 2010. Reimbursement through FSET for costs associated with support services to GROW participants can be claimed effective October 2009.	IMPLEMENTED MAY 2010
15	Establish collaboration with CSS, L.A. City and all other Workforce Investment Boards to provide job services and employment opportunities through the Work Source Centers, geared toward both youth and adult GROW	The workgroup for this project has been meeting monthly to develop a collaborative plan to provide comprehensive employment services to GROW participants. A list of WorkSource Centers and One Stops willing to participate in this project has been completed. Target implementation date	NOVEMBER 2010

GR RESTRUCTURING MASTER IMPLEMENTATION CHART
SEPTEMBER 30, 2010

NO.	APPROVED RECOMMENDATIONS	STATUS	TARGET IMPLEMENTATION DATE
	participants.	DPSS has informed the responsible workgroup of this project and there were no objections to this proposal.	IMPLEMENTED JUNE 2010
16	Expand GROW to include GED preparation.		
17	Conduct a comprehensive study of the Mandatory Substance Abuse and Recovery Program (MSARP) to evaluate its effectiveness.	CEO-SIB staff has shared a draft report, which was discussed during a meeting with DPSS staff. The data match with DPH was completed and merged with DPSS data in preparation for analysis. CEO-SIB is currently conducting the analysis.	DECEMBER 2010
18	A. DPSS and DPH-ADPA will evaluate the redesign of MSARP based upon the results of the evaluation. B. Use the evaluation outcomes and DPH-ADPA Rate Study to inform a resolicitation process for GR services. C. Evaluate the need for substance abuse treatment services for emerging adults ages 18-24 and the need to design specialized treatment services for this population.	DPSS is examining possible areas where legislative and regulatory changes may be necessary and feasible. The initial responsible workgroup meeting was convened on September 2, 2010. The workgroup has identified ten (10) potential concerns that with further research may formulate into a State or Federal legislative proposal for indigent adults. The workgroup is on target for their legislative submissions.	DECEMBER 2010
19	Develop State and federal legislative/regulatory proposals to assist indigent adults and/or mitigate County costs and work with stakeholders to develop these proposals.	A meeting to discuss data collection and computer programming for all SSI Advocacy-related recommendations was held on June 22, 2010. GR data, including GR Restructuring Data, will be collected and made available through DPSSMART, SSIMAP database. Data collection is an ongoing effort.	IMPLEMENTED Ongoing

GR RESTRUCTURING MASTER IMPLEMENTATION CHART
SEPTEMBER 30, 2010

NO.	APPROVED RECOMMENDATIONS	STATUS	TARGET IMPLEMENTATION DATE
20	Include the GR Program in the County's and DPSS' strategic plans.	<p>The GR Program has been incorporated in the County's and DPSS' Strategic Plan.</p> <p>The County's Strategic Plan Objectives are:</p> <p>Objective 2: General Relief to SSI: By June 30, 2010, assess the success of the implementation of the GR to SSI project, working with the Department of Public Social Services, Health Services, Mental Health, and Public Health staff. Based upon the evaluation, determine whether to continue program and/or integrate with GR Efficiencies Initiative.</p> <p>Objective 3: By June 30, 2010, to achieve GR Efficiencies, develop recommendations with stakeholders, present plan to the Board of Supervisors, and begin project implementation.</p> <p>The DPS's Strategic Plan Objectives are:</p> <p>Objective I.1.7: By June 2010, redesign the General Relief Program to reduce homelessness, increase the number of customers who transition to SSI and increase the number of customers who become employed.</p>	IMPLEMENTED APRIL 2010
21	Conduct a pilot having the current Linkages GAIN Services Workers at two or three small DCFS offices work with the Children's Social Workers to utilize the Transition Conference as an opportunity to connect foster youth with County services.	The workgroup for this project met on August 26, 2010. A follow-up conference call with DCFS/Probation to discuss finalization of the implementation plan took place on September 13, 2010.	NOVEMBER 2010
22	Provide better screening for Veterans and better referrals for assistance with claims and strengthen DPSS case management for Veterans who are on GR to enable them to qualify faster for Veteran's benefits and services.	<p>An initial meeting was held in June 2010 with Legal Aid Foundation of Los Angeles (LAFLA), Public Counsel, and Department of Military and Veterans Affairs (DMVA).</p> <p>Project protocols for the DPSS/LAFLA pilot have been drafted and shared with the responsible workgroup. Comments were received from the workgroup in June 2010.</p> <p>Currently working with Public Counsel to develop a resource guide for Veteran participants.</p>	OCTOBER 2010

GR RESTRUCTURING MASTER IMPLEMENTATION CHART
SEPTEMBER 30, 2010

No	APPROVED RECOMMENDATIONS	STATUS	TARGET IMPLEMENTATION DATE
	<p>A second meeting was held on August 17, 2010, with LAFLA to discuss the implementation of the pilot project.</p> <p>The DPSS/LAFLA Veterans pilot will be conducted in the Metro East office and is scheduled to begin on October 12, 2010. Space arrangements for LAFLA staff at the Metro East office are being made. Policy for this project has been drafted and is in the clearance process.</p>	<p>An internal meeting was held on May 25, 2010 to discuss current DPSS efforts on this subject.</p> <p>Children in foster care automatically continue on Medi-Cal until they reach age 21; however, 50% of cases are terminated at redetermination for failure to respond.</p> <p>DPSS is currently taking Medi-Cal applications at probation camps only for minor consent services (Medi-Cal for individuals who need continuous services; e.g., pregnancy, mental health treatment, counseling, drug and alcohol abuse). DPSS is working with Probation on an automated listing of youth who are within 90 days of being released from the Probation system. Interface with Probation will be ready in July 2010. Draft protocols are being developed.</p> <p>The meeting with the responsible workgroup originally scheduled for July has been rescheduled for October 2010.</p> <p>DPSS continues to work with Probation to establish a referral system to ensure probation youth are properly coded to receive and retain Medi-Cal.</p>	<p>NOVEMBER 2010</p>
24	<p>Increase the GR Participants resources by:</p> <p>A. Allowing GR recipients to remain on GR while saving more money. Permit GR participants to maintain a</p>	<p>A. Instructions are being developed to provide line staff with the proposed policy.</p>	

GR RESTRUCTURING MASTER IMPLEMENTATION CHART
SEPTEMBER 30, 2010

NO.	APPROVED RECOMMENDATIONS	STATUS	TARGET IMPLEMENTATION DATE
	<p>Restricted Savings Account up to a pre-determined amount for the purpose of saving for housing, education or training expenses, and/or to start a business that would not be countable towards the property limit.</p> <p>B. Helping participants who have child support obligations by:</p> <ol style="list-style-type: none"> 1. Educating workers and participants about the assistance DPSS currently offers to help lower child support payments for participants. 2. Work with the Child Support Services Department to reduce child support payments for participants after they leave GR for the first six months they have a job, to allow them to get on their feet before resuming higher child support payments. 	<p>B.1. Draft protocols will be developed to educate DPSS staff on assisting GR participants with lowering their child support payments.</p> <p>B.2. The tentative meeting with the Child Support Services Department scheduled for July 2010 did not take place. A new meeting will be held in October 2010.</p>	NOVEMBER 2010
25	<p>Add positions in GR offices, through September 30, 2010, utilizing TANF emergency contingency funds (ECF), to assist GR participants navigate the GR process. Positions may be filled with GR non-custodial parents (NCPs) who qualify for ECF-funded subsidized employment.</p>	<p>This project was completed with the hiring of six participants who worked as Customer Services Assistants (CSAs) in the GR Districts lobby until September 30, 2010, when the available funding ended.</p>	IMPLEMENTED MAY 2010
26	<p>CEO-SIB to conduct an evaluation of GR Program mandates, rules, time limits, sanctions, operational processes, and data limitations, including a cost/benefit analysis.</p>	<p>CEO-SIB identified two contractors to conduct the evaluation of the GR Program. The first contractor secured to perform the Quantitative Process Analysis of Los Angeles County's GR Program is University of Sciences in Philadelphia.</p> <p>The second contractor secured to perform the Qualitative Process Analysis of Los Angeles County's GR Program is Linda Shaw, Ph.D., from California State University San Marcos. An action plan was developed by the contractors to convene focus groups to interview GR participants, Eligibility Workers and Administrative staff. Focus groups were convened in August 2010.</p>	MARCH 2011
27	<p>Establish a GR Anti-Homelessness Account in the CEO's budget to fund enhanced services to reduce GR</p>	<p>The Anti-Homelessness Account was set up in the DPSS Assistance budget in August 2010.</p>	IMPLEMENTED AUGUST 2010

GR RESTRUCTURING MASTER IMPLEMENTATION CHART
SEPTEMBER 30, 2010

NO.	APPROVED RECOMMENDATIONS	TARGET IMPLEMENTATION DATE
NO.	STATUS	
28	<p>homelessness. Fund this account with savings from enhanced GR services, including but not limited to GR grant savings for participants who receive a rental subsidy and secure employment/SSI, and Interim Assistance Reimbursement for rental subsidies for GR participants who qualify for SSI.</p> <p>Assist GR participants manage their money better by:</p> <ul style="list-style-type: none"> ▪ Formulating a list of banks that allow recipients to establish accounts with no minimum balances and minimal overdraft fees. ▪ Assembling training materials instructing clients about budgeting and money management as well as the security advantages of keeping their funds in a bank account. The instruction topics would also include balancing their check book, if utilizing an ATM to check their account status, and avoiding bank fees. ▪ Focusing on providing this information to GR participants securing SSI benefits. ▪ Engaging with community organizations involved with assisting individuals with money management issues. ▪ Seeking volunteer agencies who will offer training or assistance to GR participants on money management. 	<p>Three workgroup meetings have been conducted to brainstorm and develop an implementation plan. Met with representatives from a local bank to learn what they can offer to GR participants and what training they can provide to Supplemental Security Income Medi-Cal Advocacy Program (SSIMAP) staff. A focus group meeting was conducted with SSI Advocates on August 19, 2010, to better define their role under this recommendation.</p> <p>Money management training for SSIMAP staff will be conducted by Consumer Action (training agency). Training is scheduled for October 2010.</p>
29	<p>Do not limit the housing subsidy to 9 months for employable GR participants. Instead, permit employable GR participants who reach the 9-month time limit to continue receiving the subsidy during the 3 months that they are ineligible to GR.</p>	
30	<p>DPSS should engage in a dialogue with board and care operators to determine how to increase usage of board and care facilities by homeless GR participants. Explore providing information to GR participants on board and care facilities upon release from emergency rooms or hospitals.</p>	

GR RESTRUCTURING MASTER IMPLEMENTATION CHART
SEPTEMBER 30, 2010

NO.	APPROVED RECOMMENDATIONS	STATUS	TARGET IMPLEMENTATION DATE
	Improve upon DPSS' GR SSI and Medi-Cal Advocacy Program by:	<p>A new meeting will be scheduled in October 2010 with board and care operators that manage large board and care operators to discuss the increase of utilization.</p>	DECEMBER 2010
31	<p>1. Advocating for a change in federal regulations that would extend the protected filing date from 60 days to as many as 365 days, to increase the period of time during which the County could secure Interim Assistance Reimbursement for GR grants/rental subsidies and retroactive Medi-Cal.</p> <p>2. Customizing the approach to securing SSI based on the condition and available documentation for individual GR participants by:</p> <ul style="list-style-type: none"> • Better identifying GR participants who are potentially eligible for SSI through a more extensive medical and/or mental health disability assessment (approved in Phase One). • Evaluating available medical treatment documentation and utilizing the document retrieval process (approved in Phase One), if necessary. • Evaluating whether a comprehensive medical/mental health evaluation (approved in Phase One), and the resulting write-up would strengthen the SSI application, and, if so, refer the participant for an evaluation. • Making an appropriate decision about when to file the SSI application in order to increase the chance of approval, based on the participant's situation and the 	<p>We are awaiting a response from SSA regarding the feasibility of this change at a local level.</p> <p>2. A preliminary meeting with an internal DPSS focus group, comprised of DPSS SSI Advocates, was held on June 23, 2010, to discuss different ways of implementing these recommendations.</p> <p>See update for Recommendation #8.</p> <p>See update for Recommendation #9.</p> <p>See update for Recommendation #8</p>	OCTOBER 2010 In the process of drafting protocols for SSI Advocates.

GR RESTRUCTURING MASTER IMPLEMENTATION CHART
SEPTEMBER 30, 2010

NO.	APPROVED RECOMMENDATIONS	STATUS	TARGET IMPLEMENTATION DATE
32	results of any assessments, medical documentation, and/or evaluation. 3. Implementing the SSI/SSDI Outreach Access and Recovery (SOAR) principles and strategies. 4. Seeking training from Social Security Administration for DPSS SSI advocates on SSI medical disability standards and case development. 5. Developing the disability assessment and evaluation tools in consultation with medical/mental health professionals and experienced SSI advocates.	3. SOAR training has been completed. The last SOAR training session was held on 9/30/2010. 4. SSA Committed to provide training to DPSS staff. Future meetings with SSA will be held to finalize the training schedule. 5. See update for Recommendation #8	IMPLEMENTED SEPTEMBER 2010 OCTOBER 2010 DECEMBER 2010
33	Provide ancillary expenses for showers, shoes, clothes, etc., for those pursuing SSI, including a motel voucher for the night before an SSI appointment with California Department of Social Services or Social Security Administration, when needed to enable the participant to arrive on time.	A preliminary meeting with an internal DPSS focus group comprised of DPSS SSI Advocates to discuss the different ways of implementing the recommendation was held on June 23, 2010. The responsible workgroup meeting with all partners to discuss the project's course of action was held on June 24, 2010.	OCTOBER 2010
34	Collaborate with private medical facilities to retrieve medical and mental health records on behalf of GR participants to support their disability claim for SSI as part of the current DPSS-DHS homeless release project.	The workgroup met on September 22, 2010 to review the draft guidelines. We are in process of finalizing guidelines.	JANUARY 2011
	Assist GR participants applying for SSI benefits by:	The first meeting with the responsible workgroup to discuss the protocols for this project was held on June 23, 2010.	OCTOBER 2010
	<ul style="list-style-type: none"> ▪ Identifying GR participants who are in need of mental health treatment to secure medical documentation needed to secure SSI; ▪ Subject to funding, providing mental health treatment to those participants; ▪ Prioritizing mental health services for GR participants who need to pursue SSI; 	A second workgroup meeting was held on September 7, 2010. DMH, DPH, and Advocate representatives were present. The group discussed the recommendation and how to identify the participants in need of treatment to secure SSI and the need to document those who cannot be treated due to lack of funds.	

GR RESTRUCTURING MASTER IMPLEMENTATION CHART
SEPTEMBER 30, 2010

NO	APPROVED RECOMMENDATIONS	STATUS	TARGET IMPLEMENTATION DATE
35	<ul style="list-style-type: none"> ▪ Documenting those who cannot be treated due to lack of funding; ▪ Ensuring cost recoupment from retroactive Medi-Cal; ▪ Assessing current procedures for providing mental health treatment to GR participants; and ▪ Recommending changes to better keep participants engaged in treatment. <p>DPSS SSI Advocates should provide case management that will help GR SSI applicants keep track of appointments.</p>	<p>Some suggestions were made, but the lack of available funding was a barrier. The next workgroup meeting will be held in October 2010.</p> <p>Project on target for implementation.</p>	OCTOBER 2010
36	<p>Pursue a pilot to coordinate ongoing health and mental health treatment for GR participants pursuing SSI, dependent upon available funding.</p>	<p>The first meeting with the responsible workgroup to discuss the protocols for this project was held on June 23, 2010.</p> <p>The workgroup met again on September 7, 2010 to discuss pursuing the recommended pilot. The group discussed the lack of available funding and the possibility of a pilot in an area that has both a DPH health clinic and a DMH mental health facility in close proximity. The group agreed to meet in October 2010.</p>	DECEMBER 2010
37	<p>Strengthen current process to identify GR participants who were previously on SSI and prioritize SSI advocacy for them.</p>	<p>A preliminary meeting with an internal DPSS focus group comprised of DPSS SSI Advocates was held on June 23, 2010, to discuss different ways of implementing the recommendation. The responsible workgroup meeting with all partners to discuss the project's course of action was held on June 24, 2010.</p> <p>In the process of finalizing the guidelines for SSI Advocates.</p>	OCTOBER 2010

Attachment

GR RESTRUCTURING MASTER IMPLEMENTATION CHART
SEPTEMBER 30, 2010

NO.	APPROVED RECOMMENDATIONS	STATUS	TARGET IMPLEMENTATION DATE								
38	<p>Establish the following targets for SSI Approvals:</p> <ol style="list-style-type: none"> For SSI applications filed in FY 10/11 and ongoing, increase the SSI approval rate at the initial application level to at least 50% in FY 10/11, to at least 60% in FY 11/12, and to at least 70% in FY 12/13. For the overall number of SSI approvals, increase the number of SSI approvals as follows: <table border="1" data-bbox="572 1294 768 1879"> <thead> <tr> <th>FY 2008-09 Baseline</th> <th>FY 2010-11 Target</th> <th>FY 2011-12 Target</th> <th>FY 2012-13 Target</th> </tr> </thead> <tbody> <tr> <td>5891</td> <td>6400</td> <td>6900</td> <td>7400</td> </tr> </tbody> </table> <p>Address/fix non-disability related SSI eligibility issues such as citizenship documentation, birth certificate, etc.</p>	FY 2008-09 Baseline	FY 2010-11 Target	FY 2011-12 Target	FY 2012-13 Target	5891	6400	6900	7400	<p>The workgroup meeting to discuss different ways of accomplishing the targets for SSI approvals was held on June 24, 2010.</p> <p>After all of the GR recommendations are implemented, the Advocates believe that they will have additional tools to enhance services to participants and to assist with more complete applications being submitted to SSA for SSI approval.</p> <p>The SSI targets were reiterated in the GR SSIMAP bi-monthly Newsletter and at the SSI Advocates Quarterly meeting.</p>	<p>IMPLEMENTED JUNE 2010 and ongoing</p>
FY 2008-09 Baseline	FY 2010-11 Target	FY 2011-12 Target	FY 2012-13 Target								
5891	6400	6900	7400								
39	<p>Strengthen existing relationships with the Social Security Administration.</p>	<p>The responsible workgroup meeting with all partners was held on June 24, 2010.</p> <p>A second Workgroup meeting was held on August 29, 2010. The SSI Advocates exchanged valuable tips on how to resolve non-disability SSI eligibility issues. We are currently drafting a document to show how non-disability issues may be addressed. This document will be shared with DPSS line staff.</p>	<p>OCTOBER 2010</p>								
40		<p>An upper level management meeting with the Social Security Administration, Veterans Administration, CEO and various County Departments was held on June 22, 2010. The purpose of the meeting was to stress the importance of collaboration among departments for the successful implementation of the GR Restructuring projects.</p>	<p>IMPLEMENTED AUGUST 2010</p>								

Attachment

GR RESTRUCTURING MASTER IMPLEMENTATION CHART
SEPTEMBER 30, 2010

NO.	APPROVED RECOMMENDATIONS	STATUS	TARGET IMPLEMENTATION DATE
		approvals among GR participants. Agencies agreed to meet quarterly to discuss progress made.	
41	<p>Implement a transportation pilot project to evaluate the impact of providing monthly bus passes to two groups of GR participants to determine whether providing bus passes (instead of individual tokens) increases their likelihood of approval for SSI:</p> <ol style="list-style-type: none"> 1. GR participants pursuing SSI, and 2. GR participants receiving a housing subsidy and pursuing SSI. 	<p>The pilot will consist of 200 GR participants. Each participant will contribute \$10 per month toward the cost of the bus pass.</p> <p>Results will be compared after one year of the pilot. If providing bus passes is shown to be a good method of helping participants obtain approval of SSI benefits more quickly, DPSS will then explore ways of providing them to more participants.</p>	<p>NOVEMBER 2010</p>
42		<p>Reconstitute the GR Restructuring Workgroup as the GR Restructuring Steering Committee to meet quarterly to do the following:</p> <ul style="list-style-type: none"> ■ Work together on the implementation process; ■ Review evaluation data and make recommendations for any adjustments to processes or targets; and ■ Identify and pursue opportunities for GR service integration. 	<p>IMPLEMENTED JUNE 2010</p> <p>All GR Restructuring Workgroup members were invited to be part of the specific workgroups for the individual recommendations.</p> <p>The first quarterly meeting of the GR Restructuring Steering Committee was held on July 27. The group was given a status update on each of the 42 recommendations.</p> <p>(Updated 9/29/10)</p>



County of Los Angeles CHIEF EXECUTIVE OFFICE

Kenneth Hahn Hall of Administration
500 West Temple Street, Room 713, Los Angeles, California 90012
(213) 974-1101
<http://ceo.lacounty.gov>

WILLIAM T FUJIOKA
Chief Executive Officer

February 23, 2011

Board of Supervisors
GLORIA MOLINA
First District

MARK RIDLEY-THOMAS
Second District

ZEV YAROSLAVSKY
Third District

DON KNABE
Fourth District

MICHAEL D. ANTONOVICH
Fifth District

To: Mayor Michael D. Antonovich
Supervisor Gloria Molina
Supervisor Mark Ridley-Thomas
Supervisor Zev Yaroslavsky
Supervisor Don Knabe

From: William T Fujioka
Chief Executive Officer



GENERAL RELIEF RESTRUCTURING PLAN: QUARTERLY UPDATE

This is to provide a report on the progress of the implementation of the General Relief (GR) Restructuring Plan (RP).

On April 24, 2009, on a motion by Supervisor Knabe, your Board instructed the Chief Executive Officer (CEO), in collaboration with the Department of Public Social Services (DPSS), and consultation with County Counsel, to design a potential GR Program that will better assist GR participants, with the expectation that more of these individuals would be able to transition off of County assistance. In response, the GR Restructuring Workgroup (RW), consisting of 11 County departments and ten stakeholders, was convened. On February 9, 2010, your Board approved the comprehensive plan to restructure the GR Program. This plan consisted of 42 recommendations designed to reduce the GR caseload over time by focusing services on housing assistance, Supplemental Security Income (SSI) advocacy, and employment preparation.

The GR RW members were invited to participate in various workgroups that were convened by DPSS to assist in the implementation of the plan. Several internal DPSS meetings, and meetings with other County departments and community stakeholders, have taken place to discuss the implementation of the various GR restructuring projects. As a result of the great support and collaboration from the different partners, 13 GR Restructuring Recommendations have already been implemented and substantial progress has been made on numerous additional recommendations.

PERFORMANCE DATA ON KEY GR RESTRUCTURING PROJECTS

- Recommendation No. 5 - Expansion of the Housing Subsidy Project (HSP)

The GR Housing Subsidy Program has a total of 1540 slots. The slots will increase over time, as funding becomes available through the GR Anti-Homelessness Account (AHA).

"To Enrich Lives Through Effective And Caring Service"

Please Conserve Paper – This Document and Copies are Two-Sided
Intra-County Correspondence Sent Electronically Only

Each Supervisor
February 23, 2011
Page 2

Currently, there are 1,035 individuals receiving a housing subsidy and 303 subsidies pending approval.

- Recommendation No. 8 - Mental Health Assessments

Department of Mental Health (DMH) reported that in December 2010, its Clinicians saw 815 participants and determined that 792 of them have a mental health disability, of which 227 have a permanent mental health disability. This translates into 28.6 percent of individuals assessed as having a permanent mental health disability, compared to only 1.5 percent under the prior more cursory mental health screening conducted by non-licensed DMH staff. This means that more GR participants are determined to be potentially eligible for SSI and provided SSI advocacy services. If approved for SSI, these individuals will exit GR.

- Recommendation No. 9 - Record Retrieval Project

This project requires collaboration with Department of Health Services (DHS), DMH, and the Los Angeles County Sheriffs' Department (LASD) to retrieve medical and mental health records on behalf of GR participants to support their disability claim for SSI. Since inception of the Project in August 2010, DPSS has received a total of 385 sets of medical records from DMH, DHS, and LASD.

An update on all 42 GR restructuring projects is provided on the attached GR Restructuring Master Implementation Chart. We will provide the next quarterly report in May 2011.

If you have any questions, please let me know or your staff may contact Kathy House, Assistant Chief Executive Officer at (213) 974-4530, or khouse@ceo.lacounty.gov.

WTF:KH:DS
JB:ljp

Attachment

c: Executive Officer, Board of Supervisors
 County Counsel
 Children and Family Services
 Community and Senior Services
 Health Services
 Mental Health
 Probation
 Public Defender
 Public Health
 Public Social Services
 Sheriff's Department

GR RESTRUCTURING MASTER IMPLEMENTATION CHART
DECEMBER 31, 2010

Attachment

NO.	APPROVED RECOMMENDATIONS	STATUS	TARGET IMPLEMENTATION DATE
1	<p>Subject to applicable confidentiality requirements, use the Adult Linkages Project mechanism to identify the County service history of GR applicants/participants, so that applicants/participants can be offered services that take into account the totality of their individual circumstances.</p> <p>On November 16, 2010, the Board of Supervisors approved the Enterprise Linkage Project (ELP), and an agreement with SAS Institute as the contractor for implementing this expansion of the Adult Linkages Project (ALP). A draft Master Memorandum of Agreement (MOA) between the CEO and the eight County departments, who will be sharing data for this project, was distributed for review and comments. Kick-off meeting is scheduled for February 9, 2011.</p>	<p>The Chief Executive Office (CEO) approved funding for the one-time cost implementation of this recommendation. CEO-SIB is currently working with SAS (contractor), DPSS, and County Counsel to develop the system that will be used by DPSS eligibility staff to access real time service utilization records for GR applicants/participants.</p>	<u>JUNE 2011</u>
2	<p>The County should develop an innovative service integration model that can support County departments, other governmental entities, and community partners in concurrently serving a shared clientele.</p> <p>Increase integration of services between the Sheriff's Department and DPSS by:</p> <ul style="list-style-type: none"> A. Developing a plan to enhance the current County jail match to identify individuals who are incarcerated and have a linkage to GR benefits, to provide pre- and post-release services and SSI Advocacy that will assist with their re-entry into society. B. Assessing the DPSS/Sheriff's Homeless Release Project to determine its effectiveness. C. Implementing a review protocol to determine whether any outstanding warrants remaining on the GR/SSI applicant's record should be cleared, recalled or withdrawn. D. Ensuring that probation, parole, and other warrants that should have been satisfied by a GR/SSI applicant's stay in jail have been withdrawn or recalled. E. Appointing a liaison for individuals with outstanding 	<p>Research is still pending on this project.</p>	<u>DECEMBER 2011</u>
3		<p>A meeting was held on July 7, 2010 with the designated workgroup, which includes DPSS, Sheriff, Public Defender and a representative from the Public Social Services (PSS) Commission.</p> <p>The Department of Public Social Services (DPSS) presented an overview of the current Jail Match and enhancements were recommended. Additionally, an overview of the Public Social Services (PSS) Homeless Project was presented.</p>	<u>FEBRUARY 2011</u>

Note: New updates are underlined

GR RESTRUCTURING MASTER IMPLEMENTATION CHART
DECEMBER 31, 2010

Attachment

NO.	APPROVED RECOMMENDATIONS	STATUS	TARGET IMPLEMENTATION DATE
1	<p>warrants whom advocates and County employees can contact directly to: (1) inquire about the underlying reason and validity of a warrant and (2) assist the SSI advocate in "clearing up" the warrant.</p> <p>F. Referring disabled individuals exiting jail who apply for GR to a SSI advocate/liaison, in order to re-establish SSI benefits and work with agencies (i.e., probation, parole, public defender, courts, etc.) to recall existing warrants.</p> <p>G. Referring disabled individuals exiting jail who do not have SSI benefits to GR SSIMAP for benefits establishment.</p>	<p>A second meeting was held on September 9, 2010. DPSS and LASD are working to identify additional data fields for the jail match listing to ensure more matches are made when the listing is run. The workgroup also discussed ways to clear warrants for potentially Supplemental Security Income (SSI) eligible inmates who have prior GR history. A Custody Assistant candidate has been identified to be a liaison between staff and the LASD to help clear warrants for potentially SSI eligible inmates who have prior GR history.</p> <p>A sub-workgroup meeting was held on December 14, 2010 to develop a referral process to refer released inmates to DPSS for SSI advocacy. Additionally, an IT meeting was held on January 12, 2011, to discuss the jail match process between LASD and DPSS. The CEO SIIB was in attendance. Suggestions made at the meeting to enhance the jail match are currently under review.</p>	<u>DECEMBER 2011</u>
2	<p>Encourage police agencies to make social services referrals for the homeless and connect them with resources, rather than issuing citations.</p>	<p>A meeting was held on June 17, 2010 with the Long Beach Police Department, L.A. County Sheriff's Department and Community partners.</p> <p>The Long Beach Police Department and LASD provided an overview of their services to the homeless population.</p> <p>DPSS will work with the police agencies to create a simple informational document in multiple languages to distribute to the homeless and connect them to services. LASD has agreed to draft the informational document.</p> <p>The follow-up meeting tentatively scheduled for October 2010 with the Los Angeles Police Department and Community Advocates did not take place. The informational document had not been finalized to share at the meeting. LASD has the lead on this document. A meeting with LASD is being requested to re-assess the document information.</p>	<u>DECEMBER 2011</u>
3	<p>Enhance Subsidized Housing by:</p>	<p>The following key points were implemented in the Administrative Directive which was released to Project staff on August 2, 2010, for instructions and procedures:</p>	<u>IMPLEMENTED AUGUST 2010</u>

Note: New updates are underlined

GR RESTRUCTURING MASTER IMPLEMENTATION CHART
DECEMBER 31, 2010

Attachment

NO.	APPROVED RECOMMENDATIONS	STATUS	TARGET IMPLEMENTATION DATE
	<p>A. Increasing the total number of housing subsidies to 10,000 by December 2014.</p> <p>B. Increasing the number of housing subsidies for homeless disabled GR participants pursuing, or willing to pursue, SSI and/or veterans benefits, so that 100% of homeless disabled GR participants pursuing SSI and/or veterans benefits are offered a housing subsidy within 5 years.</p> <p>C. Increasing the number of housing subsidies for homeless, employable GR participants.</p> <p>D. As in the current GR Housing and Case Management Project:</p> <ul style="list-style-type: none"> a. Subsidized housing itself should not be time-limited, allowing people to stay as permanent residents, after they start receiving outside income and can pay for their housing. b. The housing subsidy should be encouraged, but not required. <p>E. Increasing the GR rental subsidy amount from \$300 to \$400 and reducing the participant's contribution from the grant from \$136 to \$100, so the total amount available for rent will be \$500.</p> <p>F. Pursuing federal reimbursements for housing subsidy payments made to employable GR participants through the Food Stamp and Employment Training (FSET) fund at a rate of 50%; and pursuing reimbursement for housing subsidy payment made to GR participants who are approved for SSI through the Interim Assistance Reimbursement Program, at a rate of 100%.</p> <p>G. Reinvesting the money recouped from SSI (Interim</p>	<p>A. The GR Housing Subsidy Pilot has been expanded to include an additional 640 housing subsidy slots, bringing the total slots from 900 to 1,540. The current implementation plan projects to increase the housing subsidies based on the savings generated by GR participants who receive a housing subsidy and exit GR with work or disability benefits.</p> <p>B. & C. The new 640 housing subsidies added to the Pilot were allocated as follows: 320 for GR employable participants and 320 for GR disabled participants pursuing SSI and/or veterans benefits.</p> <p>D. Incorporated in the implementation Administrative Directive.</p>	

Note: New updates are underlined

GR RESTRUCTURING MASTER IMPLEMENTATION CHART
DECEMBER 31, 2010

Attachment

NO.	APPROVED RECOMMENDATIONS	STATUS	TARGET IMPLEMENTATION DATE
1	Assistance Reimbursement for housing subsidies) in additional housing subsidies.	H. Recruiting participants for the Housing Subsidy and Case Management Program during the GR intake process and making additional efforts throughout the course of case management to encourage participants to remain in the Housing Subsidy and Case Management Program and identify causes of participants dropping out of the subsidy.	H. Two training sessions were conducted on July 15, 2010 to provide Project Staff, intake and approved eligibility staff, GROW Case Managers and SSI Advocates with the new procedures on the expansion of the Housing Subsidy Pilot Program. August 2, 2010, The final approved Administrative Directive was released and the expansion of the Housing Subsidy Pilot Program was implemented.
6	Implement a pilot project (subject to a cost benefit analysis) by master leasing and/or purchasing foreclosed apartment buildings and/or multi-family housing units and/or dorm-like housing to be provided for the indigent homeless population. This housing should be owned and/or operated by a non-profit housing developer and/or homeless service provider with expertise in managing housing with services.	Address supportive housing needs by:	Research is still pending on this project. DECEMBER 2011
7	A. Exploring housing options for mentally ill participants through City and County Housing Authorities and other smaller Housing Authorities throughout LA County. B. Identifying and leveraging County funding for housing resources and related services that already receive county funding or support.	A. DMH and DPSS staff held a pre-meet on April 27, 2010, to discuss possible housing experts and providers to be invited to assist with the implementation on this effort. A list of potential collaborative agencies was developed. The responsible workgroup met on June 24, 2010, to discuss the implementation plan for this project. B. Additionally, Los Angeles Homeless Services Authority (LAHSA) staff made a presentation on Project 50. MHSA, A Community of Friends and some local missions were identified as agencies that offer potential housing options to mentally ill GR participants who meet their criteria.	A second workgroup meeting was held on August 4, 2010. A presentation on the Mental Health Services Act (MHSA) was made by Department of Mental Health (DMH) staff. Additionally, Los Angeles Homeless Services Authority (LAHSA) staff made a presentation on Project 50. MHSA, A Community of Friends and some local missions were identified as agencies that offer potential housing options to mentally ill GR participants who meet their criteria. DECEMBER 2011

Note: New updates are underlined

GR RESTRUCTURING MASTER IMPLEMENTATION CHART
DECEMBER 31, 2010

Attachment

NO.	APPROVED RECOMMENDATIONS	STATUS	TARGET IMPLEMENTATION DATE
	<p>of the projects identified have limited funding. However, A Community of Friends, which is funded by the Community Development Commission (CDC) will be further explored.</p> <p>Project on target for implementation.</p>		
	<p>Subject to detailed operational and fiscal planning during Phase Two of the GR Restructuring process, eliminate the current cursory employability/NSA screening and replace it with a more extensive medical/mental health disability assessment performed by (1) DMH, (2) DHS or possibly DPH, and/or (3) DHS Public Private Partners (PPPs). For permanently disabled participants in need of additional documentation to support their SSI applications, a comprehensive medical/mental health evaluation would be performed. The extensive assessments and the comprehensive medical and mental health evaluations and write-ups will be funded with 50 - 75% new federal revenue.</p>	<p>Meetings were held with DMH and DHS regarding the implementation of the Disability Assessments/Comprehensive Evaluations.</p> <p><u>Mental Health Disability Assessment</u></p> <ul style="list-style-type: none"> • New mental health assessment training completed on October 28, 2010. • DMH staff began conducting the new mental health assessments on October 12, 2010, at Metro Special, Metro East, San Fernando, Pasadena and Wilshire Offices. DMH will expand to all Districts on a staggered basis. • DMH submitted staff roll-out plan on October 5, 2010. • DMH reported that in December 2010 its Clinicians saw 815 participants and determined 792 of them to have a mental health disability, of which 227 have a permanent mental health disability. This translates into 28.6% of individuals screened having a permanent mental health disability compared to only 1.5% prior to implementation. This means that more GR participants are determined to be potentially eligible for SSI and provided SSI advocacy services. • The implementation of the new mental health disability assessments began with a DMH roll-out plan for the first group of ten Psychiatric Social Workers (PSWs) in October 2010, and was completed on December 27, 2010. Some new mental health assessments are now being done at 12 of the 14 GR District Offices. • DMH began the hiring process for eight additional PSWs and one Supervisor in January 2011. April 2011 is the target date to finalize hiring of all staff. 	<p><u>PARTIALLY IMPLEMENTED OCTOBER 2010</u></p> <p><u>FULL IMPLEMENTATION TARGETTED FOR APRIL 2011</u></p>

GR RESTRUCTURING MASTER IMPLEMENTATION CHART
DECEMBER 31, 2010

Attachment

NO.	APPROVED RECOMMENDATIONS	STATUS	TARGET IMPLEMENTATION DATE
		<p><u>Mental Health Disability Comprehensive Evaluation</u></p> <ul style="list-style-type: none"> • The workgroup met to discuss mental health comprehensive evaluations on November 17, 2010. • DMH agreed to draft an evaluation tool for the next meeting. • DMH submitted the budget for the Comprehensive Evaluations. • A Meeting was held with DMH and DPSS GR Program staff to discuss the comprehensive evaluations. DMH shared its draft comprehensive evaluation tool. <p><u>Medical Disability Assessment/Comprehensive Evaluations</u></p> <p>Subsequent to the Board's approval of this recommendation, the County Counsel for DHS determined that the medical disability assessments fall outside of the scope of the existing contracts with DHS' Public Private Partners (PPPs) and, thus, neither the medical disability assessments nor the comprehensive evaluations can be implemented through an amendment to current PPP contracts.</p> <p><u>DPSS will release a Request For Information (RFI) in an effort to identify Federally Qualified Health Centers (FQHC) and/or FQHC-like to provide the Medical Disability Assessment Services from May 1, 2011 until sometime in 2012. A competitive procurement process will be initiated during 2011 to secure one or more ongoing contractors beginning in 2012.</u></p>	MAY 2011

Note: New updates are underlined

GR RESTRUCTURING MASTER IMPLEMENTATION CHART
DECEMBER 31, 2010

Attachment

NO.	APPROVED RECOMMENDATIONS	STATUS	TARGET IMPLEMENTATION DATE
	DHS, DMH, and LASD to retrieve medical and mental health records on behalf of GR participants to support their disability claim for SSI. Most of the costs will be funded with 50% new federal revenue.	<p>Project protocols were released and SSI Advocacy staff trained. DPSS continues to meet with DMH, DHS and LASD to clarify issues, exchange best practices and measure the progress made.</p> <p>DHS has finalized hiring all seven Registered Nurses (RNs). DMH is in the process of hiring both of its RNs. The RN previously reported as hired did not take place. LASD has identified one RN who will work in this project on an interim basis until LASD hires a permanent staff person.</p> <p>A comprehensive training for RNs was conducted on August 13, 2010. Training presenters included staff from SSA, DDSD and DHS.</p> <p>The project was implemented in August 2010.</p> <p>DHS, DMH and LASD are now processing pre-clearance requests and retrieving medical and mental health records. <u>All</u> departments are now fully staffed for this project.</p>	<u>IMPLEMENTED AUGUST 2010</u>

GR RESTRUCTURING MASTER IMPLEMENTATION CHART
DECEMBER 31, 2010

Attachment

NO.	APPROVED RECOMMENDATIONS	STATUS	TARGET IMPLEMENTATION DATE
10	Maximize the claiming of retroactive Medi-Cal for GR participants who qualify for SSI and Medi-Cal.	Preliminary teleconference meetings with DPSS, DMH, and DHS were held in June 2010 to further discuss the data needs for this project. A listing of GR participants who were approved for Supplemental Security Income (SSI) will be transmitted to DMH and DHS on a monthly basis. The first report was forwarded to DMH and DHS in September 2010. This list is a key factor in allowing them to significantly improve their retroactive Medi-Cal claims processing efforts for GR participants who were recently approved for SSI.	IMPLEMENTED <u>SEPTEMBER 2010</u>
11	Integrate the Public Defender (PD) into SSI Advocacy, where GR participants are already clients of the Public Defender and advocacy can be combined with clients' representation in court.	PD identified the Compton Courthouse as the location for this project. Staff has been selected. One DPSS SSI Advocate and one PD Psychiatric Social Worker II will be collocated at the PD site to provide SSI Advocacy services. A <u>workgroup meeting</u> was held in November 2010. The MOU project protocols and equipment installation are being finalized.	<u>FEBRUARY 2011</u>
12	Modify the GROW Program to: A. Customize services to individuals who are classified as: 1. Transitional Age Youth (TAY); 2. Veterans; and 3. Participants exiting Mandatory Substance Abuse Program (MSARP).	A. 1. The implementation plan for this project is being finalized by the workgroup. Items that need to be finalized include GROW Computer Programming changes; curriculum for specialized job club class by LACOE; instructions to staff. Implemented in January 2011. The plan is comprised of <u>two new GROW components designed to address the special needs of TAY participants. The components include a specialized job club for TAY participants at one GROW location and a new, advanced Computer Applications Class for TAY with strong, basic computer skills.</u> A.2. The implementation plan for this project is being finalized. Items that need to be finalized include compiling list of available resources and distribution of outreach material for referrals to Weingart Center. A mass mailing will be completed this month to send out information to all identified GR/GROW Veterans. A.3. The implementation plan for this project is in progress.	<u>FEBRUARY 2011</u> <u>FEBRUARY 2011</u> <u>FEBRUARY 2011</u>

Note: New updates are underlined

GR RESTRUCTURING MASTER IMPLEMENTATION CHART
DECEMBER 31, 2010

Attachment

NO.	APPROVED RECOMMENDATIONS	STATUS	TARGET IMPLEMENTATION DATE
12	<p>B. Create a new voluntary category of GR participants who will be classified as employable with accommodations and will be referred to a new GROW component designed to provide employment services for individuals who can work with accommodations. Volunteers would not be subject to sanctions.</p> <p>C. Enhance services for Needs Special Assistance (NSA) participants by providing them voluntary employment preparation services and mental health treatment through the GROW Program. Volunteers would not be subject to sanctions.</p> <p>D. Establish collaboration between DPSS, DCFS, and Probation to provide enhanced services to GROW participants ages 18-24 who come out of foster care and probation.</p> <p>E. Develop a comprehensive and ongoing evaluation plan of GROW to track outcomes for GR participants, including, but not limited to, education and training outcomes, length of employment obtained through GROW, and recidivism.</p>	<p>Items pending include computer enhancements from LEADER to track progress and completion of MSARP treatment ; once this process is completed, information will be interfaced to MAPPER for expansion of services to qualifying participants. Expected completion date is <u>February 2011</u>.</p> <p>B & C. Projects 12 B&C were implemented on August 2, 2010 with limited services. Full implementation of this project is in progress. Items pending completion include amendments to GROW contracts to incorporate services to volunteers and some programmatic changes. Target date for full implementation is <u>March 2011</u>.</p> <p>D. A workgroup meeting took place on August 26, 2010 to discuss action items needed to implement this project. A follow-up conference call with DCFS/Probation to discuss finalizing the implementation plan took place on September 13, 2010.</p> <p>E. An internal DPS meeting took place in April 2010. Future follow-up meetings will be scheduled after the implementation plans have been further developed, in order to determine the best way to track relevant information.</p> <p>The development of this project is ongoing and the workgroup will continue to develop tracking mechanisms as the projects roll-out.</p>	<u>MARCH 2011</u> <u>FEBRUARY 2011</u> <u>JUNE 2011</u>
13	Establish collaboration between DPSS and the Probation Department to reduce the number of Emerging Adults (age 18-24) applying for GR benefits.	DPSS has established collaboration with DCFS and Probation Department to facilitate referrals to GROW services, including American Recovery and Reinvestment Act (ARRA) Projects. DPSS has designated a liaison to work with both departments	IMPLEMENTED MAY 2010

Note: New updates are underlined

GR RESTRUCTURING MASTER IMPLEMENTATION CHART
DECEMBER 31, 2010

Attachment

NO.	APPROVED RECOMMENDATIONS	STATUS	TARGET IMPLEMENTATION DATE
		on this effort. This project was completed in May 2010.	
14	Pursue federal reimbursement through FSET, at a rate of 50%, for mental health, domestic violence, and, to the extent possible, substance abuse services provided to GROW participants.	The DPSS plan that was submitted to the State was approved on May 5, 2010. Reimbursement through FSET for costs associated with support services to GROW participants can be claimed effective October 2009. This project was completed in May 2010.	IMPLEMENTED MAY 2010
15	Establish collaboration with CSS, L.A. City and all other Workforce Investment Boards to provide job services and employment opportunities through the Work Source Centers, geared toward both youth and adult GROW participants.	The workgroup for this project has been meeting monthly to develop a collaborative plan to provide comprehensive employment services to GROW participants. The following WorkSource Centers and One Stops want to participate in this project: <u>The Gardena South Bay One-Stop Business & Career Center</u> , <u>Inglewood South Bay One-Stop Business & Career Center</u> , <u>Southeast Los Angeles County Workforce Investment Board Youth Center</u> , <u>Southeast Los Angeles County Workforce Investment Board Youth Center, Southeast Los Angeles Crenshaw WorkSource Center</u> .	FEBRUARY 2011
16	Expand GROW to include GED preparation.	DPSS has informed the responsible workgroup of this project and there were no objections to this proposal.	IMPLEMENTED JUNE 2010
17	Conduct a comprehensive study of the Mandatory Substance Abuse and Recovery Program (MSARP) to evaluate its effectiveness. A. DPSS and DPH-ADPA will evaluate the redesign of MSARP based upon the results of the evaluation. B. Use the evaluation outcomes and DPH-ADPA Rate Study to inform a resolicitation process for GR services.	CEO-SIB staff has shared a draft report, which was discussed during a meeting with DPSS staff. The data match with DPH was completed and merged with DPSS data in preparation for analysis. CEO-SIB is currently conducting the analysis.	FEBRUARY 2011

Note: New updates are underlined

GR RESTRUCTURING MASTER IMPLEMENTATION CHART
DECEMBER 31, 2010

Attachment

NO.	APPROVED RECOMMENDATIONS	STATUS	TARGET IMPLEMENTATION DATE
	C. Evaluate the need for substance abuse treatment services for emerging adults ages 18-24 and the need to design specialized treatment services for this population.		
18	Develop State and federal legislative/regulatory proposals to assist indigent adults and/or mitigate County costs and work with stakeholders to develop these proposals.	DPSS is examining possible areas where legislative and regulatory changes may be necessary and feasible. The workgroup has identified ten (10) potential concerns that with further research may formulate into a State or Federal legislative proposal for indigent adults. The last workgroup meeting was held on November 23, 2010.	<u>MARCH 2011</u>
19	DPSS to expand data collection for the GR Program.	A meeting to discuss data collection and computer programming for all SSI Advocacy-related recommendations was held on June 22, 2010. GR data, including GR Restructuring Data, will be collected and made available through DPSSSMART, SSIMAP database. Data collection is an ongoing effort.	IMPLEMENTED AUGUST 2010 Ongoing
20	Include the GR Program in the County's and DPSS' strategic plans.	<p>The GR Program has been incorporated in the County's and DPSS' Strategic Plan.</p> <p>The County's Strategic Plan Objectives are:</p> <p>Objective 2: General Relief to SSI: By June 30, 2010, assess the success of the implementation of the GR to SSI project, working with the Department of Public Social Services, Health Services, Mental Health, and Public Health staff. Based upon the evaluation, determine whether to continue program and/or integrate with GR Efficiencies Initiative.</p> <p>Objective 3: By June 30, 2010, to achieve GR Efficiencies, develop recommendations with stakeholders, present plan to the Board of Supervisors, and begin project implementation.</p> <p>The DPSS' Strategic Plan Objectives are:</p> <p>Objective I.1.7: By June 2010, redesign the General Relief Program to reduce homelessness, increase the number of customers who transition to SSI and increase the number of customers who become employed.</p>	IMPLEMENTED APRIL 2010

Note: New updates are underlined

GR RESTRUCTURING MASTER IMPLEMENTATION CHART
DECEMBER 31, 2010

Attachment

NO.	APPROVED RECOMMENDATIONS	STATUS	TARGET IMPLEMENTATION DATE
21	Conduct a pilot having the current Linkages GAIN Services Workers at two or three small DCFS offices work with the Children's Social Workers to utilize the Transition Conference as an opportunity to connect foster youth with County services.	The workgroup for this project met on August 26, 2010. A follow-up conference call with DCFS/Probation to discuss finalization of the implementation plan took place on September 13, 2010. <u>Draft policy/procedures will be released for clearance in February 2011.</u>	<u>FEBRUARY 2011</u>
22	Provide better screening for Veterans and better referrals for assistance with claims and strengthen DPSS case management for Veterans who are on GR to enable them to qualify faster for Veteran's benefits and services.	<p>An initial meeting was held in June 2010 with Legal Aid Foundation of Los Angeles (LAFLA), Public Counsel, and Department of Military and Veterans Affairs (DMVA).</p> <p>Project protocols for the DPSS/LAFLA pilot have been drafted and shared with the responsible workgroup. Comments were received from the workgroup in June 2010.</p> <p>Currently working with Public Counsel to develop a resource guide for Veteran participants.</p> <p>A second meeting was held on August 17, 2010, with LAFLA to discuss the implementation of the pilot project.</p>	<u>PARTIAL IMPLEMENTATION</u> <u>DECEMBER 2010</u>
23	Assess and enhance the current mechanisms designed to enable former foster care youth, medically indigent under 21 and probation youth to receive and retain Medi-Cal.	<p>The DPSS/LAFLA Veterans pilot will be conducted in the Metro East office and is scheduled to begin on October 12, 2010. Space arrangements for LAFLA staff at the Metro East office are being made. Policy for this project has been drafted and is in the clearance process.</p> <p><u>The AD for the Veterans pilot was officially released in December 2010.</u></p> <p><u>A telephone conference call was held on December 20, 2010 between DMVA and DPSS to discuss the next steps to implement the project. Action items to implement the project are being worked on to move the project forward. An IT meeting between DMVA and DPSS is tentatively scheduled for the second half of February 2011.</u></p> <p>An internal meeting was held on May 25, 2010 to discuss current DPSS efforts on this subject.</p>	<u>FULL IMPLEMENTATION</u> <u>FEBRUARY 2011</u>

Note: New updates are underlined

GR RESTRUCTURING MASTER IMPLEMENTATION CHART
DECEMBER 31, 2010

Attachment

NO.	APPROVED RECOMMENDATIONS	STATUS	TARGET IMPLEMENTATION DATE
	<p>Children in foster care automatically continue on Medi-Cal until they reach age 21; however, 50% of cases are terminated at redetermination for failure to respond, <u>mainly due to DPSS not having the individuals' current address.</u></p> <p>DPSS and DCFS have established a liaison to share address changes reported by the youth and thereby update their databases. Additionally, DPSS is in the process of finalizing a change of address card for former foster youth to mail to DPSS to report a change of address.</p> <p>DPSS is currently taking Medi-Cal applications at probation camps only for minor consent services (Medi-Cal for individuals who need continuous services; e.g., pregnancy, mental health treatment, counseling, drug and alcohol abuse).</p> <p>DPSS completed a data interface system to identify youth who are soon to be released from the probation system.</p>	<p>MAY 2011</p>	
24	<p>Increase the GR Participants resources by:</p> <p>A. Allowing GR recipients to remain on GR while saving more money. Permit GR participants to maintain a Restricted Savings Account up to a pre-determined amount for the purpose of saving for housing, education</p>	<p>A. <u>Research is still pending on the viability of implementing this segment.</u></p>	

Note: New updates are underlined

GR RESTRUCTURING MASTER IMPLEMENTATION CHART
DECEMBER 31, 2010

Attachment

NO.	APPROVED RECOMMENDATIONS	STATUS	TARGET IMPLEMENTATION DATE
	or training expenses, and/or to start a business that would not be countable towards the property limit.	B.1. Draft protocols will be developed to educate DPSS staff on assisting GR participants with lowering their child support payments.	<u>DECEMBER 2011</u>
	B. Helping participants who have child support obligations by: 1. Educating workers and participants about the assistance DPSS currently offers to help lower child support payments for participants.	B.2. The tentative meeting with the Child Support Services Department scheduled for July 2010 did not take place. A new meeting will be held in March 2011.	
25	2. Work with the Child Support Services Department to reduce child support payments for participants after they leave GR for the first six months they have a job, to allow them to get on their feet before resuming higher child support payments.		
26	Add positions in GR offices, through September 30, 2010, utilizing TANF emergency contingency funds (ECF), to assist GR participants navigate the GR process. Positions may be filled with GR non-custodial parents (NCPs) who qualify for ECF-funded subsidized employment.	This project was completed with the hiring of six participants who worked as Customer Services Assistants (CSAs) in the GR Districts lobby until September 30, 2010, when the available funding ended.	IMPLEMENTED MAY 2010
27	CEO-SIB to conduct an evaluation of GR Program mandates, rules, time limits, sanctions, operational processes, and data limitations, including a cost/benefit analysis.	CEO-SIB identified two contractors to conduct the evaluation of the GR Program. The first contractor secured to perform the Quantitative Process Analysis of Los Angeles County's GR Program is University of Sciences in Philadelphia.	MARCH 2011
		The second contractor secured to perform the Qualitative Process Analysis of Los Angeles County's GR Program is Linda Shaw, Ph.D., from California State University San Marcos. An action plan was developed by the contractors to convene focus groups to interview Eligibility Workers and Administrative staff. These focus groups were convened in August 2010. Researchers convened focus groups and interviewed GR participants in January 2011.	JUNE 2011
	Establish a GR Anti-Homelessness Account in the CEO's Assistance budget in August 2010.	The Anti-Homelessness Account was set up in the DPSS	IMPLEMENTED AUGUST 2010

Note: New updates are underlined

GR RESTRUCTURING MASTER IMPLEMENTATION CHART
DECEMBER 31, 2010

Attachment

NO.	APPROVED RECOMMENDATIONS	STATUS	TARGET IMPLEMENTATION DATE
	budget to fund enhanced services to reduce GR homelessness. Fund this account with savings from enhanced GR services, including but not limited to GR grant savings for participants who receive a rental subsidy and secure employment/SSI, and Interim Assistance Reimbursement for rental subsidies for GR participants who qualify for SSI.		
28	<p>Assist GR participants manage their money better by:</p> <ul style="list-style-type: none"> ▪ Formulating a list of banks that allow recipients to establish accounts with no minimum balances and minimal overdraft fees. ▪ Assembling training materials instructing clients about budgeting and money management as well as the security advantages of keeping their funds in a bank account. The instruction topics would also include balancing their check book, if utilizing an ATM to check their account status, and avoiding bank fees. ▪ Focusing on providing this information to GR participants securing SSI benefits. ▪ Engaging with community organizations involved with assisting individuals with money management issues. ▪ Seeking volunteer agencies who will offer training or assistance to GR participants on money management. 	<p>Three workgroup meetings have been conducted to brainstorm and develop an implementation plan. Met with representatives from a local bank to learn what they can offer to GR participants and what training they can provide to Supplemental Security Income Medi-Cal Advocacy Program (SSIMAP) staff. A focus group meeting was conducted with SSI Advocates on August 19, 2010, to better define their role under this recommendation.</p> <p>Money management training for SSIMAP staff was conducted by Consumer Action in October 2010. Draft policy/procedures were released for clearance in January 2011, and will be finalized to be released to staff in February 2011.</p>	FEBRUARY 2011
29	Do not limit the housing subsidy to 9 months for employable GR participants. Instead, permit employable GR participants who reach the 9-month time limit to continue receiving the subsidy during the 3 months that they are ineligible to GR.	A LEADER Change Request has been initiated to allow employable GR participants to receive housing subsidy after they reach the 9-month time limit.	DECEMBER 2011
30	DPSS should engage in a dialogue with board and care operators to determine how to increase usage of board and care facilities by homeless GR participants. Explore providing information to GR participants on board and care facilities upon release from emergency rooms or hospitals.	<p>A meeting with two Board and Care agencies to discuss other housing options for homeless GR participants took place on June 23, 2010.</p> <p>A meeting with the Workgroup was conducted on August 16, 2010 to discuss and identify an approach to start the dialogue with the board and care operators.</p>	MARCH 2011

Note: New updates are underlined

GR RESTRUCTURING MASTER IMPLEMENTATION CHART
DECEMBER 31, 2010

Attachment

NO.	APPROVED RECOMMENDATIONS	STATUS	TARGET IMPLEMENTATION DATE
	<p><u>DPSS plans to draft a letter to outreach to Board and Care operators to see if they will be interested in providing housing to homeless participants. Board and Care operators will be provided information about the need for housing for GR homeless individuals and the opportunity to collaborate with DPSS. Those who are interested will be instructed to call DPSS to further discuss the project.</u></p>		<u>JUNE 2011</u>
31	<p>Improve upon DPSS' GR SSI and Medi-Cal Advocacy Program (GRSSIMAP) by:</p> <ol style="list-style-type: none"> 1. Advocating for a change in federal regulations that would extend the protected filing date from 60 days to as many as 365 days, to increase the period of time during which the County could secure Interim Assistance Reimbursement for GR grants/rental subsidies and retroactive Medi-Cal. 2. Customizing the approach to securing SSI based on the condition and available documentation for individual GR participants by: <ul style="list-style-type: none"> • Better identifying GR participants who are potentially eligible for SSI through a more extensive medical and/or mental health disability assessment (approved in Phase One). • Evaluating available medical treatment documentation and utilizing the document retrieval process (approved in Phase One), if necessary. 	<p>DPSS is in the process of drafting and submitting a proposal to SSA to propose changes at the local level, as an alternative to seeking a change in federal regulations.</p> <p>2. The responsible workgroup met on November 18, 2010. A meeting with a focus group comprised of community and SSI Advocates will be scheduled for February 22, 2011, to review a new approach for the development of a GR SSI MAP Handbook to define guidelines for the SSI Advocates.</p>	<u>MAY 2011</u>

Note: New updates are underlined

GR RESTRUCTURING MASTER IMPLEMENTATION CHART
DECEMBER 31, 2010

Attachment

NO.	APPROVED RECOMMENDATIONS	STATUS	TARGET IMPLEMENTATION DATE
	<ul style="list-style-type: none"> • Evaluating whether a comprehensive medical/mental health evaluation (approved in Phase One), and the resulting write-up would strengthen the SSI application, and, if so, refer the participant for an evaluation. • Making an appropriate decision about when to file the SSI application in order to increase the chance of approval, based on the participant's situation and the results of any assessments, medical documentation, and/or evaluation. 3. Implementing the SSI/SSDI Outreach Access and Recovery (SOAR) principles and strategies. 4. Seeking training from Social Security Administration for DPSS SSI advocates on SSI medical disability standards and case development. 5. Developing the disability assessment and evaluation tools in consultation with medical/mental health professionals and experienced SSI advocates. 	<p>The responsible workgroup met on November 18, 2010. A meeting with a focus group comprised of community and SSI Advocates will be scheduled for February 22, 2011 to review a new approach for the development of a GR SSIMAP Handbook to define guidelines for the SSI Advocates.</p> <p>3. SOAR training has been completed. The last SOAR training session was held on September 30, 2010.</p> <p>4. SSA committed to provide training to DPSS staff. Future meetings with SSA will be held to finalize the training schedule.</p> <p>5. See update for Recommendation #8.</p>	<u>IMPLEMENTED</u> <u>SEPTEMBER 2010</u> <u>APRIL 2011</u> <u>PARTIALLY IMPLEMENTED</u> <u>OCTOBER 2010</u>
32	Provide ancillary expenses for showers, shoes, clothes, etc., for those pursuing SSI, including a motel voucher for the night before an SSI appointment with California Department of Social Services or Social Security Administration, when needed to enable the participant to arrive on time.	A preliminary meeting with an internal DPSS focus group comprised of DPSS SSI Advocates to discuss the different ways of implementing the recommendation was held on June 23, 2010. The responsible workgroup meeting with all partners to discuss the project's course of action was held on June 24, 2010.	<p>The workgroup met on September 22, 2010 and December 7, 2010 to review the draft guidelines. Training was held in January 2011. We are in process of finalizing guidelines.</p>
33	Collaborate with private medical facilities to retrieve medical and mental health records on behalf of GR participants to support their disability claim for SSI as part of the current	The Hollywood Presbyterian and White Memorial hospitals were not available to meet in August, as initially expected. However, both hospitals expressed interest in this project and	MARCH 2011

Note: New updates are underlined

GR RESTRUCTURING MASTER IMPLEMENTATION CHART
DECEMBER 31, 2010

Attachment

NO.	APPROVED RECOMMENDATIONS	STATUS	TARGET IMPLEMENTATION DATE
	DPSS-DHS homeless release project.	agreed to meet sometime in October to hear more details about the project. However, hospital staff were unable to meet in October. An official invitation to participate in the Record Retrieval Project will be mailed to the Hollywood Presbyterian and White Memorial hospitals in February 2011.	
34	<p>Assist GR participants applying for SSI benefits by:</p> <ul style="list-style-type: none"> ▪ Identifying GR participants who are in need of mental health treatment to secure medical documentation needed to secure SSI; ▪ Subject to funding, providing mental health treatment to those participants; ▪ Prioritizing mental health services for GR participants who need to pursue SSI; ▪ Documenting those who cannot be treated due to lack of funding; ▪ Ensuring cost recoupment from retroactive Medi-Cal; ▪ Assessing current procedures for providing mental health treatment to GR participants; and ▪ Recommending changes to better keep participants engaged in treatment. 	<p>The first meeting with the responsible workgroup to discuss the protocols for this project was held on June 23, 2010.</p> <p>A second workgroup meeting was held on September 7, 2010. DMH, DPH, and Advocate Representatives were present. The group discussed the recommendation and how to identify the participants in need of treatment to secure SSI and the need to document those who cannot be treated due to lack of funds. Some suggestions were made, but the lack of available funding was a barrier. <u>A third workgroup meeting was held in October 2010.</u></p>	<u>MAY 2011</u>
35	DPSS SSI Advocates should provide case management that will help GR SSI applicants keep track of appointments.	A preliminary meeting with an internal DPSS focus group comprised of DPSS SSI Advocates was held on June 23, 2010, to discuss different ways of implementing the recommendation. The responsible workgroup meeting with all partners to discuss the project's course of action was held on June 24, 2010.	<u>MARCH 2011</u>

Note: New updates are underlined

GR RESTRUCTURING MASTER IMPLEMENTATION CHART
DECEMBER 31, 2010

Attachment

NO.	APPROVED RECOMMENDATIONS	STATUS	TARGET IMPLEMENTATION DATE								
36	Pursue a pilot to coordinate ongoing health and mental health treatment for GR participants pursuing SSI, dependent upon available funding.	The first meeting with the responsible workgroup to discuss the protocols for this project was held on June 23, 2010. The workgroup met again on September 7, 2010 to discuss pursuing the recommended pilot. The group discussed the lack of available funding and the possibility of a pilot in an area that has both a DPH health clinic and a DMH mental health facility in close proximity. <u>The workgroup met in October 2010.</u>	<u>SEPTEMBER 2011</u>								
37	Strengthen current process to identify GR participants who were previously on SSI and prioritize SSI advocacy for them.	A preliminary meeting with an internal DPSS focus group comprised of DPSS SSI Advocates was held on June 23, 2010, to discuss different ways of implementing the recommendation. The responsible workgroup meeting with all partners to discuss the project's course of action was held on June 24, 2010. DPSS is in the process of finalizing the guidelines for SSI Advocates. <u>The responsible workgroup met on December 7, 2010.</u>	<u>MARCH 2011</u>								
38	Establish the following targets for SSI Approvals: 1. For SSI applications filed in FY 10/11 and ongoing, increase the SSI approval rate at the initial application level to at least 50% in FY 10/11, to at least 60% in FY 11/12, and to at least 70% in FY 12/13. 2. For the overall number of SSI approvals, increase the number of SSI approvals as follows:	The workgroup meeting to discuss different ways of accomplishing the targets for SSI approvals was held on June 24, 2010. After all of the GR recommendations are implemented, the Advocates believe that they will have additional tools to enhance services to participants and to assist with more complete applications being submitted to SSA for SSI approval. <table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <th>FY 2008-09 Baseline</th> <th>FY 2010-11 Target</th> <th>FY 2011-12 Target</th> <th>FY 2012-13 Target</th> </tr> <tr> <td>5891</td> <td>6400</td> <td>6900</td> <td>7400</td> </tr> </table>	FY 2008-09 Baseline	FY 2010-11 Target	FY 2011-12 Target	FY 2012-13 Target	5891	6400	6900	7400	IMPLEMENTED JUNE 2010 and ongoing
FY 2008-09 Baseline	FY 2010-11 Target	FY 2011-12 Target	FY 2012-13 Target								
5891	6400	6900	7400								
39	Address/fix non-disability related SSI eligibility issues such as citizenship documentation, birth certificate, etc.	The responsible workgroup meeting with all partners was held on June 24, 2010.	<u>MARCH 2011</u>								

Note: New updates are underlined

GR RESTRUCTURING MASTER IMPLEMENTATION CHART
DECEMBER 31, 2010

Attachment

NO.	APPROVED RECOMMENDATIONS	STATUS	TARGET IMPLEMENTATION DATE
		<p>A second Workgroup meeting was held on August 29, 2010. The SSI Advocates exchanged valuable tips on how to resolve non-disability SSI eligibility issues. We are currently drafting a document to show how non-disability issues may be addressed. This document will be shared with DPSS line staff.</p> <p>Document was drafted and presented during Workgroup meeting on December 2, 2010. The Workgroup provided valuable input. A document is in the process of modification to reflect the Workgroup's input. Document is to be part of GR SSIMAP Handbook.</p>	
40	<p>Strengthen existing relationships with the Social Security Administration.</p>	<p>An upper level management meeting with the Social Security Administration, Veterans Administration, CEO and various County Departments was held on June 22, 2010. The purpose of the meeting was to stress the importance of collaboration among departments for the successful implementation of the GR Restructuring projects.</p> <p>A meeting attended by SSA, Disability Determination Services Division (DDSD), and DPSS staff was held on August 21, 2010 to strategize ways of helping more GR Participants transition to SSI. The three agencies committed to collaborate with each other to meet their objective of increasing the number of SSI approvals among GR participants. Agencies agreed to meet quarterly to discuss progress made.</p>	<p>IMPLEMENTED AUGUST 2010</p>
41	<p>Implement a transportation pilot project to evaluate the impact of providing monthly bus passes to two groups of GR participants to determine whether providing bus passes (instead of individual tokens) increases their likelihood of approval for SSI:</p> <ol style="list-style-type: none"> 1. GR participants pursuing SSI, and 2. GR participants receiving a housing subsidy and pursuing SSI. <p>The pilot will consist of 200 GR participants. Each participant will contribute \$10 per month toward the cost of the bus pass.</p>	<p>A meeting with the responsible workgroup to discuss the project's course of action was held on June 24, 2010.</p> <p>A second workgroup meeting was held on September 22, 2010, to review the draft guidelines for the pilot.</p>	<p>A third workgroup meeting was held on December 7, 2010 to determine the District Offices for the pilot and the method of issuance for the pilot. A fourth meeting was held in January 2011 to determine the valid survey reports needed and logistics of implementation based on availability of monthly bus pass issuance from the Transit Access Pass card program that the Auditor-Controller is negotiating with the Los Angeles</p>

Note: New updates are underlined

GR RESTRUCTURING MASTER IMPLEMENTATION CHART
DECEMBER 31, 2010

Attachment

NO.	APPROVED RECOMMENDATIONS	STATUS	TARGET IMPLEMENTATION DATE
	Results will be compared after one year of the pilot. If providing bus passes is shown to be a good method of helping participants obtain approval of SSI benefits more quickly, DPSS will then explore ways of providing them to more participants.	Metropolitan Transportation Authority.	
42	<p>Reconstitute the GR Restructuring Workgroup as the GR Restructuring Steering Committee to meet quarterly to do the following:</p> <ul style="list-style-type: none"> ▪ Work together on the implementation process; ▪ Review evaluation data and make recommendations for any adjustments to processes or targets; and ▪ Identify and pursue opportunities for GR service integration. 	<p>All GR Restructuring Workgroup members were invited to be part of the specific workgroups for the individual recommendations.</p> <p>The first quarterly meeting of the GR Restructuring Steering Committee was held on July 27. The group was given a status update on each of the 42 recommendations.</p>	IMPLEMENTED JUNE 2010

(Updated 2/3/11)
 GR Quarterly Report – 02-22-11 - ATTACHMENT

Note: New updates are underlined



County of Los Angeles CHIEF EXECUTIVE OFFICE

Kenneth Hahn Hall of Administration
500 West Temple Street, Room 713, Los Angeles, California 90012
(213) 974-1101
<http://ceo.lacounty.gov>

WILLIAM T FUJIOKA
Chief Executive Officer

June 22, 2011

To: Mayor Michael D. Antonovich
Supervisor Gloria Molina
Supervisor Mark Ridley-Thomas
Supervisor Zev Yaroslavsky
Supervisor Don Knabe

From: William T Fujioka
Chief Executive Officer

Board of Supervisors
GLORIA MOLINA
First District

MARK RIDLEY-THOMAS
Second District

ZEV YAROSLAVSKY
Third District

DON KNABE
Fourth District

MICHAEL D. ANTONOVICH
Fifth District

GENERAL RELIEF RESTRUCTURING PLAN - QUARTERLY UPDATE

This is to provide a report on the progress of the implementation of the General Relief (GR) Restructuring Plan.

On April 24, 2009, on a motion by Supervisor Knabe, your Board instructed the Chief Executive Officer (CEO), in collaboration with the Department of Public Social Services (DPSS), and consultation with County Counsel, to design a potential GR Program that will better assist GR participants, with the expectation that more of these individuals would be able to transition off of County assistance. In response, the GR Restructuring Workgroup (RW), consisting of 11 County departments and ten stakeholders, was convened. On February 9, 2010, your Board approved the comprehensive plan to restructure the GR Program. This plan consisted of 42 recommendations designed to reduce the GR caseload over time by focusing services on housing assistance, Supplemental Security Income (SSI) advocacy, and employment preparation.

The GR RW members were invited to participate in various workgroups that were convened by DPSS to assist in the implementation of the plan. Numerous internal DPSS meetings, and meetings with other County departments and community stakeholders, have taken place to discuss the implementation of the various GR restructuring projects. As a result of the great support and collaboration from the different partners, 15 GR Restructuring Recommendations have already been implemented and substantial progress has been made on numerous additional recommendations.

PERFORMANCE DATA ON KEY GR RESTRUCTURING PROJECTS

- Recommendation No. 5 - Expansion of the Housing Subsidy Project (HSP)

The GR Housing Subsidy Program has a total of 1,540 slots. The slots will increase over time, as funding becomes available through the GR Anti-Homelessness Account. Currently, there are 1,302 individuals receiving a housing subsidy and 401 subsidies pending approval.

"To Enrich Lives Through Effective And Caring Service"

**Please Conserve Paper – This Document and Copies are Two-Sided
Intra-County Correspondence Sent Electronically Only**

Each Supervisor
June 22, 2011
Page 2

- Recommendation No. 8 - Mental Health Assessments

Department of Mental Health (DMH) reported that in March 2011, its Clinicians saw 1,048 participants and determined that 1,001 of them have a mental health disability, of which 212 have a permanent mental health disability. This translates into 28.6 percent of individuals assessed as having a permanent mental health disability, compared to only 1.5 percent under the prior, more cursory mental health screening conducted by non-licensed DMH staff. This means that more GR participants are determined to be potentially eligible for SSI and provided SSI advocacy services. If approved for SSI, these individuals will exit GR.

- Recommendation No. 9 - Record Retrieval Project

This project requires collaboration with Department of Health Services (DHS), DMH, and the Los Angeles County Sheriffs' Department (LASD) to retrieve medical and mental health records on behalf of GR participants to support their disability claim for SSI. Since inception of the Project in August 2010, DPSS has received a total of 761 sets of medical records from DMH, DHS, and LASD.

An update on all 42 GR restructuring projects is provided on the attached GR Restructuring Master Implementation Chart.

We will provide the next quarterly report in August 2011.

WTF:AJ:DS
JB:ljp

Attachment

c: Chief Executive Officer
County Counsel
Executive Officer, Board of Supervisors
Public Social Services
Children and Family Services
Community and Senior Services
Health Services
Mental Health
Probation
Public Defender
Public Health
Sheriff's Department

GR RESTRUCTURING MASTER IMPLEMENTATION CHART
March 31, 2011

Attachment

NO.	APPROVED RECOMMENDATIONS	STATUS	TARGET IMPLEMENTATION DATE
1	<p>Subject to applicable confidentiality requirements, use the Adult Linkages Project mechanism to identify the County service history of GR applicants/participants, so that applicants/participants can be offered services that take into account the totality of their individual circumstances.</p>	<p>The Chief Executive Office (CEO) approved funding for the one-time cost implementation of this recommendation. CEO-SIB is currently working with SAS (contractor), DPSS, and County Counsel to develop the system that will be used by DPSS eligibility staff to access real time service utilization records for GR applicants/participants.</p> <p>On November 16, 2010, the Board of Supervisors approved the Enterprise Linkage Project (ELP), and an agreement with SAS Institute as the contractor for implementing this expansion of the Adult Linkages Project (ALP). A draft Master Memorandum of Agreements (MOA) between the CEO and the eight County departments, who will be sharing data for this project, was distributed for review and comments. Kick-off meeting was held on February 9, 2011.</p> <p>The ELP core Workgroup meets bi-weekly to discuss implementation of the project. ELP participating County departments were present at the initial kick-off Workgroup meeting. The ELP vendor (SAS) holds weekly conference calls with CEO and DPSS to provide updates and obtain clarification on the system design. Additionally, the MOA with the participating departments is targeted for execution in May 2011.</p>	NOVEMBER 2011
2	<p>The County should develop an innovative service integration model that can support County departments, other governmental entities, and community partners in concurrently serving a shared clientele.</p>	<p>Research is still pending on this project.</p>	DECEMBER 2011
3	<p>Increase integration of services between the Sheriff's Department and DPSS by:</p> <ol style="list-style-type: none"> A. Developing a plan to enhance the current County jail match to identify individuals who are incarcerated and have a linkage to GR benefits, to provide pre- and post-release services and SSI Advocacy that will assist with their re-entry into society. B. Assessing the DPSS/Sheriff's Homeless Release Project to determine its effectiveness. 	<p>A meeting was held on July 7, 2010 with the designated workgroup, which includes DPSS, Sheriff, Public Defender and a representative from the Public Social Services (PSS) Commission.</p> <p>The Department of Public Social Services (DPSS) presented an overview of the current Jail Match and enhancements were recommended. Additionally, an overview of the DPSS/Sheriff Homeless Project was presented.</p>	MAY 2011

Note: New updates are underlined

GR RESTRUCTURING MASTER IMPLEMENTATION CHART

March 31, 2011

Attachment

NO.	APPROVED RECOMMENDATIONS	STATUS	TARGET IMPLEMENTATION DATE
	<p>C. Implementing a review protocol to determine whether any outstanding warrants remaining on the GR/SSI applicant's record should be cleared, recalled or withdrawn.</p> <p>D. Ensuring that probation, parole, and other warrants that should have been satisfied by a GR/SSI applicant's stay in jail have been withdrawn or recalled.</p> <p>E. Appointing a liaison for individuals with outstanding warrants whom advocates and County employees can contact directly to: (1) inquire about the underlying reason and validity of a warrant and (2) assist the SSI advocate in "clearing up" the warrant.</p> <p>F. Referring disabled individuals exiting jail who apply for GR to a SSI advocate/liaison, in order to re-establish SSI benefits and work with agencies (i.e., probation, parole, public defender, courts, etc.) to recall existing warrants.</p> <p>G. Referring disabled individuals exiting jail who do not have SSI benefits to GR SSIMAP for benefits establishment.</p>	<p>Los Angeles Sheriff Department (LASD) indicated that outstanding warrants are resolved prior to an inmate being released from jail. However, due to the huge number of inmates, some are not properly cleared through the system prior to the inmate being released. LASD agreed to develop a system to ensure that all inmates being identified for this project are cleared through their system to ensure that warrants are resolved prior to the inmates release.</p> <p>A second meeting was held on September 9, 2010. DPS and LASD are working to identify additional data fields for the jail match listing to ensure more matches are made when the listing is run. The workgroup also discussed ways to clear warrants for potentially Supplemental Security Income (SSI) eligible inmates who have prior GR history. A Custody Assistant candidate has been identified to be a liaison between staff and the LASD to help clear warrants for potentially SSI eligible inmates who have prior GR history.</p> <p>A sub-workgroup meeting was held on December 14, 2010 to develop a referral process to refer released inmates to DPSS for SSI advocacy. Additionally, an Information Technology meeting was held on January 12, 2011, to discuss the jail match process between LASD and DPSS. The CEO SIB was in attendance. Suggestions made at the meeting to enhance the jail match are currently under review.</p> <p>A subsequent sub-workgroup meeting was held in April 2011 with LASD, DPSS, and the CEO staff. LASD informed DPSS of a partnership with Social Security Administration (SSA) to have SSA staff co-located at the jails to accept <u>SSI applications</u>. LASD/DPSS and CEO staff plan to meet with SSA in the latter part of May to clarify SSA's role in this project.</p>	<u>DECEMBER 2011</u>
4	Encourage police agencies to make social services referrals for the homeless and connect them with resources, rather than issuing citations.	A meeting was held on June 17, 2010, with the Long Beach Police Department, L.A. County Sheriff's Department and Community partners.	<u>DECEMBER 2011</u>

Note: New updates are underlined

GR RESTRUCTURING MASTER IMPLEMENTATION CHART
March 31, 2011

Attachment

NO.	APPROVED RECOMMENDATIONS	STATUS	TARGET IMPLEMENTATION DATE
		<p>The Long Beach Police Department and LASD provided an overview of their services to the homeless population.</p> <p>DPSS will work with the police agencies to create a simple informational document in multiple languages to distribute to the homeless and connect them to services. LASD has agreed to draft the informational document.</p> <p>The follow-up meeting tentatively scheduled for October 2010 with the Los Angeles Police Department and Community Advocates did not take place. The informational document had not been finalized to share at the meeting. LASD has the lead on this document. A meeting with LASD is being requested to re-assess the document information.</p> <p><u>At the April 2011 meeting with LASD/DPSS and CEO staff, a document that serves as a resource guide to homeless participants in need of social services was introduced by LASD. LASD plans to distribute this document to inmates as they are released from jail.</u></p>	
5	Enhance Subsidized Housing by:	<p>The following key points were implemented in the Administrative Directive which was released to Project staff on August 2, 2010, for instructions and procedures:</p> <ul style="list-style-type: none"> A. Increasing the total number of housing subsidies to 10,000 by December 2014. B. Increasing the number of housing subsidies for homeless disabled GR participants pursuing, or willing to pursue, SSI and/or veterans benefits, so that 100% of homeless disabled GR participants pursuing SSI and/or veterans benefits are offered a housing subsidy within five years. C. Increasing the number of housing subsidies for 	<p>A. The GR Housing Subsidy Pilot has been expanded to include an additional 640 housing subsidy slots, bringing the total slots from 900 to 1,540. The current implementation plan projects to increase the housing subsidies based on the savings generated by GR participants who receive a housing subsidy and exit GR with work or disability benefits.</p> <p>B. & C. The new 640 housing subsidies added to the Pilot were allocated as follows: 320 for GR employable participants and 320 for GR disabled participants pursuing SSI and/or veterans benefits.</p> <p>IMPLEMENTED AUGUST 2010</p>

Note: New updates are underlined

GR RESTRUCTURING MASTER IMPLEMENTATION CHART

March 31, 2011

Attachment

NO.	APPROVED RECOMMENDATIONS	STATUS	TARGET IMPLEMENTATION DATE
<p>D. As in the current GR Housing and Case Management Project:</p> <ul style="list-style-type: none"> a. Subsidized housing itself should not be time-limited, allowing people to stay as permanent residents, after they start receiving outside income and can pay for their housing. b. The housing subsidy should be encouraged, but not required. E. Increasing the GR rental subsidy amount from \$300 to \$400 and reducing the participant's contribution from the grant from \$136 to \$100, so the total amount available for rent will be \$500. F. Pursuing federal reimbursements for housing subsidy payments made to employable GR participants through the Food Stamp and Employment Training (FSET) fund at a rate of 50%; and pursuing reimbursement for housing subsidy payment made to GR participants who are approved for SSI through the Interim Assistance Reimbursement Program, at a rate of 100%. G. Reinvesting the money recouped from SSI (Interim Assistance Reimbursement for housing subsidies) in additional housing subsidies. H. Recruiting participants for the Housing Subsidy and Case Management Program during the GR intake process and making additional efforts throughout the course of case management to encourage participants to remain in the Housing Subsidy and Case Management Program and identify causes of participants dropping out of the subsidy. <p>D. Incorporated in the implementation Administrative Directive.</p> <p>E. The GR Housing Subsidy amount was increased from \$300 to \$400 and the participant's contribution from the grant was reduced from \$136 to \$100. The new total amount available is \$500.</p> <p>F. & G. DPSS is internally working and has established procedures to pursue federal reimbursement for housing subsidy payments made to employable GR participants through FSET funding and to pursue reimbursement for housing subsidy payments made to GR participants who are approved for SSI through the IAR process. The money recouped from SSI will be reinvested in additional housing subsidies.</p> <p>H. Two training sessions were conducted on July 15, 2010, to provide Project Staff, intake and approved eligibility staff, GROW Case Managers and SSI Advocates with the new procedures on the expansion of the Housing Subsidy Pilot Program.</p> <p>August 2, 2010, The final approved Administrative Directive was released and the expansion of the Housing Subsidy Pilot Program was implemented.</p>			

Note: New updates are underlined

GR RESTRUCTURING MASTER IMPLEMENTATION CHART
March 31, 2011

Attachment

NO.	APPROVED RECOMMENDATIONS	STATUS	TARGET IMPLEMENTATION DATE

Note: New updates are underlined

GR RESTRUCTURING MASTER IMPLEMENTATION CHART
March 31, 2011

Attachment

NO.	APPROVED RECOMMENDATIONS	STATUS	TARGET IMPLEMENTATION DATE
	<p>B. Identifying and leveraging County funding for housing resources and related services that already receive county funding or support.</p>	<p>as agencies that offer potential housing options to mentally ill GR participants who meet their criteria.</p> <p>B. Additionally, the group discussed the most viable projects and funding, which currently have housing slots available. All of the projects identified have limited funding. However, A Community of Friends, which is funded by the Community Development Commission (CDC), will be further explored.</p> <p>Project on target for implementation.</p>	<u>DPSS is exploring partnership with Skid Row Housing Trust (SRHT). SRHT is a permanent supportive housing provider in downtown Los Angeles that currently operates 1,500 apartments, the majority of which are for homeless individuals.</u>
		<p>Subject to detailed operational and fiscal planning during Phase Two of the GR Restructuring process, eliminate the current cursory employability/Need Special Assistance (NSA) screening and replace it with a more extensive medical/mental health disability assessment performed by (1) DMH, (2) DHS or possibly DPH, and/or (3) DHS Public Private Partners (PPPs). For permanently disabled participants in need of additional documentation to support their SSI applications, a comprehensive medical/mental health evaluation would be performed. The extensive assessments and the comprehensive medical and mental health evaluations and write-ups will be funded with 50 - 75% new federal revenue.</p>	<u>Meetings were held with DMH and DHS regarding the implementation of the Disability Assessments/Comprehensive Evaluations.</u> <p><u>Mental Health Disability Assessment</u></p> <ul style="list-style-type: none"> • New mental health assessment training completed on October 28, 2010. • DMH staff began conducting the new mental health assessments on October 12, 2010, at Metro Special, Metro East, San Fernando, Pasadena and Wilshire Offices. • DMH will expand to all Districts on a staggered basis. • DMH submitted staff roll-out plan on October 5, 2010. • DMH reported that in March 2011 its Clinicians saw 1,048 participants and determined 1,001 of them to have a mental health disability, of which 212 have a permanent mental health disability. This translates into 21.2% of individuals screened having a permanent mental health disability compared to only 1.5% prior to implementation. This means that more GR participants are determined to be potentially eligible for SSI and provided SSI advocacy services. • The implementation of the new mental health disability assessments began with a DMH roll-out plan for the first group of ten Psychiatric Social Workers (PSWs) in October 2010, and was completed on December 27, 2010. Some new mental health assessments are now being done at 12

GR RESTRUCTURING MASTER IMPLEMENTATION CHART
March 31, 2011

Attachment

NO.	APPROVED RECOMMENDATIONS	STATUS	TARGET IMPLEMENTATION DATE
	<ul style="list-style-type: none"> of the 14 GR District Offices. • DMH began the hiring process for eight additional PSWs and one Supervisor in January 2011. • DMH is hiring four more PSWs and expects to be fully staffed with 18 PSWs by May 31, 2011. 	<p>Mental Health Disability Comprehensive Evaluation</p> <ul style="list-style-type: none"> • The workgroup met to discuss mental health comprehensive evaluations on November 17, 2010. • DMH agreed to draft an evaluation tool for the next meeting. • DMH submitted the budget for the Comprehensive Evaluations. • A Meeting was held with DMH and DPSS GR Program staff to discuss the comprehensive evaluations. DMH shared its draft comprehensive evaluation tool. • The workgroup held two additional meetings on January 25, 2011, and March 14, 2011. • The following DPSS offices have been identified as suitable locations for the Comprehensive Evaluations: <ul style="list-style-type: none"> ○ Civic Center District #14 ○ GAIN Region 1 ○ San Gabriel Valley District #20 ○ Lancaster District #67 ○ Pomona (GROW site) ○ GAIN Region IV Beverly Office 	<u>JULY 2011</u>
	<p>Medical Disability Assessment/Comprehensive Evaluations</p> <p>Subsequent to the Board's approval of this recommendation, the County Counsel for DHS determined that the medical disability assessments fall outside of the scope of the existing contracts with DHS' Public Private Partners (PPPs) and, thus, neither the medical disability assessments nor the comprehensive evaluations can be implemented through an amendment to current PPP contracts.</p> <p>DPSS released a Request For Information (RFI) in an effort to identify Federally Qualified Health Centers (FQHC) and/or FQHC-look-alikes to provide the Medical Disability</p>	<p>MAY 2011 (DISABILITY ASSESSMENTS)</p>	<u>JULY 2011 (COMPREHENSIVE EVALUATIONS)</u>

Note: New updates are underlined

GR RESTRUCTURING MASTER IMPLEMENTATION CHART
March 31, 2011

Attachment

NO.	APPROVED RECOMMENDATIONS	STATUS	TARGET IMPLEMENTATION DATE
		<p>Assessment/Comprehensive Evaluations Services. Nine agencies were identified as having interest in providing Medical Disability Assessment Services/Comprehensive Evaluations to the fourteen GR Districts starting May 16 for a 19-month period. A competitive procurement process will be initiated during 2011 to secure one or more ongoing contractors beginning in December 2012.</p> <ul style="list-style-type: none"> • Board letter seeking delegated authority to execute contracts with 9 FQHC was approved by the Board on <u>April 12, 2011</u>. • Contracts were in <u>May 2011</u>. • Implementation of the <u>Physical Health Disability Assessment</u> began on <u>May 16, 2011</u>. • Implementation of the <u>Physical Health Comprehensive Evaluation</u> is targeted for <u>August 2011</u>. • DPSS is making modifications to the LEADER system to add the new employability types, which will be used by the disability assessment contractors. • DPSS and DHS met with the nine recommended <u>Physical Disability Assessment/Comprehensive Evaluation Services</u> providers on March 24, 2011, to discuss the transition plan, the draft assessment tool, scheduling capacity, and to address agency concerns. • Each agency has identified a liaison to work with DPSS staff on the revision and finalization of the disability assessment tool. The disability assessment tool workgroup met on Tuesday, March 29, 2011. The assessment tool is now finalized. 	

Note: New updates are underlined

GR RESTRUCTURING MASTER IMPLEMENTATION CHART
March 31, 2011

Attachment

NO.	APPROVED RECOMMENDATIONS	STATUS	TARGET IMPLEMENTATION DATE												
	DHS, DMH, and LASD to retrieve medical and mental health records on behalf of GR participants to support their disability claim for SSI. Most of the costs will be funded with 50% new federal revenue.	<p>Project protocols were released and SSI Advocacy staff were trained. DPSS continues to meet with DMH, DHS and LASD to clarify issues, exchange best practices and measure the progress made.</p> <p>DHS has finalized hiring all seven Registered Nurses (RNs). DMH is in the process of hiring both of its RNs. The RN previously reported as hired did not take place. <u>LASD has now hired a permanent RN</u> to work in this project.</p> <p>A comprehensive training for RNs was conducted on August 13, 2010. Training presenters included staff from SSA, DDS and DHS.</p> <p>The project was implemented in August 2010. DHS, DMH and LASD are now processing pre-clearance requests and retrieving medical and mental health records. <u>All departments are now fully staffed for this project.</u></p>	<p>IMPLEMENTED AUGUST 2010</p> <p>Records retrieved as of <u>03/31/11</u>:</p> <table> <tbody> <tr> <td>DHS</td> <td>Requested - 506</td> </tr> <tr> <td></td> <td>Received - 461</td> </tr> <tr> <td>DMH</td> <td>Requested - 591</td> </tr> <tr> <td></td> <td>Received - 198</td> </tr> <tr> <td>LASD</td> <td>Requested - 205</td> </tr> <tr> <td></td> <td>Received - 102</td> </tr> </tbody> </table> <p>Total cumulative number of records requested <u>1,302</u> Total cumulative number of records received <u>761</u> Total cumulative number of records received <u>761</u> (58% of requests submitted).</p> <p>Total cumulative number of "Not Available" records <u>250</u> (19% of requests submitted) Total number of records pending: <u>291</u> (23% of requests submitted).</p>	DHS	Requested - 506		Received - 461	DMH	Requested - 591		Received - 198	LASD	Requested - 205		Received - 102
DHS	Requested - 506														
	Received - 461														
DMH	Requested - 591														
	Received - 198														
LASD	Requested - 205														
	Received - 102														

GR RESTRUCTURING MASTER IMPLEMENTATION CHART
March 31, 2011

Attachment

NO.	APPROVED RECOMMENDATIONS	STATUS	TARGET IMPLEMENTATION DATE
10	Maximize the claiming of retroactive Medi-Cal for GR participants who qualify for SSI and Medi-Cal.	<p>Preliminary teleconference meetings with DPSS, DMH, and DHS were held in June 2010 to further discuss the data needs for this project.</p> <p>The Project was implemented in September 2010 when DPSS provided SSI IAR listings to DHS and DMH dating back to 2007. DHS reported that it has collected \$1,499 in retroactive Medi-Cal payments as a result of this process for July 2010. DPSS is in the process of finalizing the File Transfer Protocol (ftp), which will allow the monthly SSI IAR reports to be shared electronically with DMH and DHS. Additional amounts have been identified by both departments but they continue working on the claiming process.</p> <p>DPSS is working with DHS to establish the secure FTP file share procedures. This will be completed in May 2011. <u>DMH</u> has its own web-based secure file transfer site. <u>DMH</u> is in the process of creating the accounts that will allow DPSS to upload the data directly onto the DMH site. This is also expected to be completed in May 2011.</p>	IMPLEMENTED SEPTEMBER 2010
11	Integrate the Public Defender (PD) into SSI Advocacy, where GR participants are already clients of the Public Defender and advocacy can be combined with clients' representation in court.		<p>PD identified the Compton Courthouse as the location for this project. Staff has been selected. One DPSS SSI Advocate and one PD Psychiatric Social Worker II will be collocated at the PD site to provide SSI Advocacy services. A <u>workgroup</u> meeting was held in November 2010. The MOU and Administrative Directive will be submitted for formal clearance in May 2011. Project protocols and equipment installation are being finalized. Target date for implementation is June 2011.</p>

Note: New updates are underlined

GR RESTRUCTURING MASTER IMPLEMENTATION CHART
March 31, 2011

Attachment

NO.	APPROVED RECOMMENDATIONS	STATUS	TARGET IMPLEMENTATION DATE
	<p>Modify the GROW Program to:</p> <p>A. Customize services to individuals who are classified as:</p> <ol style="list-style-type: none"> 1. Transitional Age Youth (TAY); 2. Veterans; and 3. Participants exiting Mandatory Substance Abuse Program (MSARP). 	<p>A.1. The implementation plan for this project <u>was finalized</u> by the workgroup. Items that <u>were finalized</u> include GROW Computer Programming changes; curriculum for specialized job club class by LACOE; and instructions to staff. Two new GROW components were implemented in January 2011 to address the special needs of TAY participants: a <u>specialized</u> job club for TAY participants is currently offered as a pilot at Southwest Special GROW site and a new Computer Applications Class for TAY with basic computer skills is offered at Metro Special GROW site.</p> <p>A.2. The implementation plan for this project is being finalized. Items that need to be finalized include compiling list of available resources and distribution of outreach material for referrals to Weingart Center. A mass mailing was completed and information was sent out to all identified GR/GROW Veterans.</p> <p>A.3. Computer enhancements have been completed. We are now researching the possibility of offering Fastrak services (<u>specialized job skills preparation class</u>) to <u>this group</u>. Additionally, we are working on program changes to the MAPPER computer system to track outcomes for <u>this group</u>. The February 2011 expected implementation date for <u>this component</u> has been extended to June 2011.</p> <p>B & C. Projects 12 B&C were implemented on August 2, 2010, with limited services. Full implementation of this project is in progress. Items pending completion include amendments to GROW contracts to incorporate services to volunteers and some programmatic changes. The expected March 2011 target date for full implementation has been extended to May 2011.</p> <p>B. Create a new voluntary category of GR participants who will be classified as employable with accommodations and will be referred to a new GROW component designed to provide employment services for individuals who can work with accommodations. Volunteers would not be subject to sanctions.</p> <p>C. Enhance services for Needs Special Assistance (NSA) participants by providing them voluntary employment preparation services and mental health treatment through the GROW Program. Volunteers would not be</p>	<u>IMPLEMENTED</u> <u>JANUARY 2011</u> <u>JUNE 2011</u> <u>MAY 2011</u> <u>MAY 2011</u>

GR RESTRUCTURING MASTER IMPLEMENTATION CHART
March 31, 2011

Attachment

NO.	APPROVED RECOMMENDATIONS	STATUS	TARGET IMPLEMENTATION DATE
12	<p>subject to sanctions.</p> <p>D. Establish collaboration between DPSS, DCFS, and Probation to provide enhanced services to GROW participants ages 18-24 who come out of foster care and probation.</p> <p>E. Develop a comprehensive and ongoing evaluation plan of GROW to track outcomes for GR participants, including, but not limited to, education and training outcomes, length of employment obtained through GROW, and recidivism.</p>	<p>D. The workgroup has finalized the implementation plan for this project. Policy and procedures have been released for clearance. This project will be implemented by June 2011.</p> <p>E. An internal DPSS meeting took place in April 2010. Future follow-up meetings will be scheduled after the implementation plans have been further developed, in order to determine the best way to track relevant information.</p> <p>The development of this project is ongoing and the workgroup will continue to develop tracking mechanisms as the projects roll-out.</p>	<u>JUNE 2011</u> <u>JUNE 2011</u>
13	<p>Establish collaboration between DPSS and the Probation Department to reduce the number of Emerging Adults (age 18-24) applying for GR benefits.</p>	<p>DPSS has established collaboration with DCFS and Probation Department to facilitate referrals to GROW services, including American Recovery and Reinvestment Act (ARRA) Projects. DPSS has designated a liaison to work with both departments on this effort.</p>	
14	<p>Pursue federal reimbursement through FSET, at a rate of 50%, for mental health, domestic violence, and, to the extent possible, substance abuse services provided to GROW participants.</p>	<p>The DPS plan that was submitted to the State was approved on May 5, 2010. Reimbursement through FSET for costs associated with support services to GROW participants can be claimed effective October 2009.</p>	
15	<p>Establish collaboration with CSS, L.A. City and all other Workforce Investment Boards to provide job services and employment opportunities through the Work Source Centers, geared toward both youth and adult GROW</p>	<p>The workgroup for this project has been meeting monthly to develop a collaborative plan to provide comprehensive employment services to GROW participants. The following WorkSource Centers and One Stops want to participate in this project: The Gardena South Bay One-Stop Business & Career</p>	<u>MAY 2011</u> <u>MAY 2011</u>

Note: New updates are underlined

GR RESTRUCTURING MASTER IMPLEMENTATION CHART
March 31, 2011

Attachment

NO.	APPROVED RECOMMENDATIONS	STATUS	TARGET IMPLEMENTATION DATE
	participants.	Center, Inglewood South Bay One-Stop Business & Career Center, Southeast Los Angeles County Workforce Investment Board Youth Center, Southeast Los Angeles County Workforce Investment Board Youth Center, Southeast Los Angeles Crenshaw WorkSource Center, <u>Marina Del Rey WorkSource Center, East Los Angeles WorkSource Center, Florence-Firestone WorkSource Center, and Los Angeles WORKS.</u>	
16	Expand GROW to include GED preparation.	DPSS has informed the responsible workgroup of this project and there were no objections to this proposal. DPSS finalized policy/procedures to implement a GED component for GROW participants who lack a high school diploma. A list of available education entities has been identified. Programmatic changes to MAPPER have been completed.	IMPLEMENTED JUNE 2010
17	Conduct a comprehensive study of the <u>Mandatory Substance Abuse and Recovery Program (MSARP)</u> to evaluate its effectiveness. A. DPSS and DPH-ADPA will evaluate the redesign of MSARP based upon the results of the evaluation. B. Use the evaluation outcomes and DPH-ADPA Rate Study to inform a resolicitation process for GR services. C. Evaluate the need for substance abuse treatment services for emerging adults ages 18-24 and the need to design specialized treatment services for this population.	CEO-SIB staff has shared a draft report, which was discussed during a meeting with DPSS staff. The data match with DPH was completed and merged with DPSS data in preparation for analysis. CEO-SIB is currently conducting the analysis. <u>A draft report will be available at the end of May for review.</u>	JUNE 2011
18	Develop State and federal legislative/regulatory proposals to assist indigent adults and/or mitigate County costs and work with stakeholders to develop these proposals.	DPSS is examining possible areas where legislative and regulatory changes may be necessary and feasible. The workgroup has identified ten (10) potential concerns that with further research may formulate into a State or federal legislative proposal for indigent adults. The last workgroup meeting was held on November 23, 2010. Another meeting will be scheduled for June 2011.	AUGUST 2011

Note: New updates are underlined

GR RESTRUCTURING MASTER IMPLEMENTATION CHART
March 31, 2011

Attachment

NO.	APPROVED RECOMMENDATIONS	STATUS	TARGET IMPLEMENTATION DATE
19	DPSS to expand data collection for the GR Program.	A meeting to discuss data collection and computer programming for all SSI Advocacy-related recommendations was held on June 22, 2010. GR data, including GR Restructuring Data, will be collected and made available through DPSSMART, SSIMAP database. Data collection is an ongoing effort.	IMPLEMENTED AUGUST 2010 Ongoing
20	Include the GR Program in the County's and DPSS' strategic plans.	<p>The GR Program has been incorporated in the County's and DPSS' Strategic Plan.</p> <p>The County's Strategic Plan Objectives are:</p> <p>Objective 2: General Relief to SSI: By June 30, 2010, assess the success of the implementation of the GR-to-SSI project, working with the Department of Public Social Services, Health Services, Mental Health, and Public Health staff. Based upon the evaluation, determine whether to continue program and/or integrate with GR Efficiencies Initiative.</p> <p>Objective 3: By June 30, 2010, to achieve GR Efficiencies, develop recommendations with stakeholders, present plan to the Board of Supervisors, and begin project implementation.</p>	IMPLEMENTED APRIL 2010
21	Conduct a pilot having the current Linkages GAIN Services Workers at two or three small DCFSS offices work with the Children's Social Workers to utilize the Transition Conference as an opportunity to connect foster youth with County services.	The workgroup has finalized the implementation plan for this project. Policy and procedures have been released for clearance. This project will be implemented by June 2011.	JUNE 2011
22	Provide better screening for Veterans and better referrals for assistance with claims and strengthen DPSS case management for Veterans who are on GR to enable them to qualify faster for Veteran's benefits and services.	An initial meeting was held in June 2010 with Legal Aid Foundation of Los Angeles (LAFLA), Public Counsel, and Department of Military and Veterans Affairs (DMVA). Project protocols for the DPSS/LAFLA pilot have been drafted and shared with the responsible workgroup. Comments were	PARTIAL IMPLEMENTATION DECEMBER 2010

Note: New updates are underlined

GR RESTRUCTURING MASTER IMPLEMENTATION CHART
March 31, 2011

Attachment

NO.	APPROVED RECOMMENDATIONS	STATUS	TARGET IMPLEMENTATION DATE
		<p>received from the workgroup in June 2010.</p> <p>Currently working with Public Counsel to develop a resource guide for Veteran participants.</p> <p>A second meeting was held on August 17, 2010, with LAFLA to discuss the implementation of the pilot project.</p> <p>The DPSS/LAFLA Veterans pilot <u>has been implemented</u> in the Metro East office. Space arrangements for LAFLA staff at the Metro East office <u>have been</u> made. Policy for this project <u>was</u> officially released in December 2010.</p> <p>A telephone conference call was held on December 20, 2010 between DMVA and DPSS to discuss the next steps to implement the project. Action items to implement the project are being worked on to move the project forward. An IT meeting between DMVA and DPSS is tentatively scheduled for the second half of February 2011.</p> <p>A conference call was held with DMVA's information technology vendor to discuss the feasibility of a data match. DMVA uses a vendor to host their database. A meeting will be scheduled in early May with DMVA's vendor to work out the details for the data match.</p>	<u>FULL IMPLEMENTATION</u> <u>JULY 2011</u>
23	<p>Assess and enhance the current mechanisms designed to enable former foster care youth, medically indigent under 21 and probation youth to receive and retain Medi-Cal.</p>	<p>An internal meeting was held on May 25, 2010, to discuss current DPSS efforts on this subject.</p> <p>Foster Care Youth</p> <p>Children in foster care automatically continue on Medi-Cal until they reach age 21; however, 50% of cases are terminated at redetermination for failure to respond, <u>mainly due to DPSS not having the individuals' current address</u>.</p>	<u>JULY 2011</u>

Note: New updates are underlined

GR RESTRUCTURING MASTER IMPLEMENTATION CHART
March 31, 2011

Attachment

NO.	APPROVED RECOMMENDATIONS	TARGET IMPLEMENTATION DATE
NO.	STATUS	
	<p>to report a change of address. DPSS is also considering the inclusion of information regarding the Your Benefits Now Online Application on the card. When implemented, the change of address card will be sent to DCFS and the Independent Living Program (administered by DCFS) to include in the packet of information given to the youth when exiting the program.</p> <p>DPSS meets with DCFS monthly to identify issues, concerns, and enhancements to the current process.</p> <p>Probation Youth</p> <p>DPSS is currently taking Medi-Cal applications at probation camps only for minor consent services (Medi-Cal for individuals who need continuous services; e.g., pregnancy, mental health treatment, counseling, drug and alcohol abuse).</p> <p>A sub-workgroup meeting was held on January 10, 2011, to obtain a status update on enhancements being made to ensure former foster youth retain Medi-Cal. DPSS continues to work with Probation to establish a referral system to ensure probation youth are properly coded to receive and retain Medi-Cal.</p>	<p>DPSS completed a computer data interface system with Probation (Medi-Cal Application and Probation Partnership System - MAPPS) to identify youth who are soon to be released from the probation system. MAPPS will allow Probation to input essential information about the Probation Youth into the system that will trigger a Medi-Cal pre-release referral to DPSS. However, due to resource issues, Probation is currently unable to provide sample data to test the data interface system between DPSS and Probation. The system must be tested prior to implementation. As a result, Probation is developing a manual process that they anticipate implementing by the end of May 2011. An Administrative Directive will also be released to provide instructions to staff.</p>

Note: New updates are underlined

GR RESTRUCTURING MASTER IMPLEMENTATION CHART
March 31, 2011

Attachment

NO.	APPROVED RECOMMENDATIONS	STATUS	TARGET IMPLEMENTATION DATE
24	Increase the GR Participants resources by:	<p>A. Allowing GR recipients to remain on GR while saving more money. Permit GR participants to maintain a Restricted Savings Account up to a pre-determined amount for the purpose of saving for housing, education or training expenses, and/or to start a business that would not be countable towards the property limit.</p> <p>B. Helping participants who have child support obligations by:</p> <ol style="list-style-type: none"> 1. Educating workers and participants about the assistance DPSS currently offers to help lower child support payments for participants. 2. Work with the Child Support Services Department to reduce child support payments for participants after they leave GR for the first six months they have a job, to allow them to get on their feet before resuming higher child support payments. 	<p>A. <u>Research is still pending on the viability of implementing this segment.</u></p> <p>B.1. Draft protocols will be developed to educate DPSS staff on assisting GR participants with lowering their child support payments.</p> <p>B.2. A letter will be drafted to the Child Support Services Department inquiring about the feasibility of reducing child support payments for GR participants after they leave GR for the first six months they have a job.</p> <p align="right"><u>DECEMBER 2011</u></p>
25	Add positions in GR offices, through September 30, 2010, utilizing TANF emergency contingency funds (ECF), to assist GR participants navigate the GR process. Positions may be filled with GR non-custodial parents (NCPs) who qualify for ECF-funded subsidized employment.		<p>This project was completed with the hiring of six participants who worked as Customer Services Assistants (CSAs) in the GR Districts lobby until September 30, 2010, when the available funding ended.</p> <p align="right"><u>IMPLEMENTED MAY 2010</u></p>
26	CEO-SIB to conduct an evaluation of GR Program mandates, rules, time limits, sanctions, operational processes, and data limitations, including a cost/benefit analysis.		<p>CEO-SIB identified two contractors to conduct the evaluation of the GR Program. The first contractor secured to perform the Quantitative Process Analysis of Los Angeles County's GR Program is University of Sciences in Philadelphia.</p> <p>The second contractor secured to perform the Qualitative Process Analysis of Los Angeles County's GR Program is Linda Shaw, Ph.D., from California State University San Marcos. An action plan was developed by the contractors to convene focus groups to interview Eligibility Workers and Administrative staff. These focus groups were convened in</p> <p align="right"><u>MAY 2011</u></p>

Note: New updates are underlined

GR RESTRUCTURING MASTER IMPLEMENTATION CHART
March 31, 2011

Attachment

NO.	APPROVED RECOMMENDATIONS	STATUS	TARGET IMPLEMENTATION DATE
		August 2010. Researchers convened focus groups and interviewed GR participants in January 2011.	
27	Establish a GR Anti-Homelessness Account in the CEO's budget to fund enhanced services to reduce GR homelessness. Fund this account with savings from enhanced GR services, including but not limited to GR grant savings for participants who receive a rental subsidy and secure employment/SSI, and Interim Assistance Reimbursement for rental subsidies for GR participants who qualify for SSI.	<p>CEO-SIB researchers conducted the third part of the study themselves, a comparison of GR program policies in Los Angeles and several other California counties.</p> <p>DPSS has reviewed and commented on all three parts of the study.</p>	IMPLEMENTED AUGUST 2010
28	Assist GR participants manage their money better by: <ul style="list-style-type: none"> ▪ Formulating a list of banks that allow recipients to establish accounts with no minimum balances and minimal overdraft fees. ▪ Assembling training materials instructing clients about budgeting and money management as well as the security advantages of keeping their funds in a bank account. The instruction topics would also include balancing their check book, if utilizing an ATM to check their account status, and avoiding bank fees. ▪ Focusing on providing this information to GR participants securing SSI benefits. ▪ Engaging with community organizations involved with assisting individuals with money management issues. ▪ Seeking volunteer agencies who will offer training or assistance to GR participants on money management. 	<p>Three workgroup meetings have been conducted to brainstorm and develop an implementation plan. Met with representatives from a local bank to learn what they can offer to GR participants and what training they can provide to Supplemental Security Income Medi-Cal Advocacy Program (SSIMAP) staff. A focus group meeting was conducted with SSI Advocates on August 19, 2010, to better define their role under this recommendation.</p> <p>Money management training for SSIMAP staff was conducted by Consumer Action in October 2010. An <u>Administrative Directive</u> was completed and sent for clearance. The clearance process is being brought to a close. <u>Full implementation is scheduled for June 2011.</u></p>	JUNE 2011

Note: New updates are underlined

GR RESTRUCTURING MASTER IMPLEMENTATION CHART
March 31, 2011

Attachment

NO.	APPROVED RECOMMENDATIONS	STATUS	TARGET IMPLEMENTATION DATE
29	<p>Do not limit the housing subsidy to nine months for employable GR participants. Instead, permit employable GR participants who reach the nine-month time limit to continue receiving the subsidy during the three months that they are ineligible to GR.</p> <p>DPSS should engage in a dialogue with Board and Care Operators to determine how to increase usage of board and care facilities by homeless GR participants. Explore providing information to GR participants on board and care facilities upon release from emergency rooms or hospitals.</p>	<p>A LEADER Change Request has been initiated to allow employable GR participants to receive housing subsidy after they reach the nine-month time limit.</p> <p>A meeting with two Board and Care agencies to discuss other housing options for homeless GR participants took place on June 23, 2010.</p> <p>A meeting with the Workgroup was conducted on August 16, 2010 to discuss and identify an approach to start the dialogue with the Board and Care Operators.</p>	DECEMBER 2011 AUGUST 2011
30		<p>DPSS drafted a letter to outreach to Board and Care Operators. The purpose of this letter is to find out if the Board and Care Operators are interested in providing housing to homeless participants. Board and Care operators will be provided information about the need for housing for GR homeless individuals and the opportunity to collaborate with DPSS. The CEO has taken the lead on this project.</p>	
31		<p>Improve upon DPSS' GR SSI and Medi-Cal Advocacy Program (GRSSIMAP) by:</p> <ol style="list-style-type: none"> <li data-bbox="350 56 677 1976">Advocating for a change in federal regulations that would extend the protected filing date from 60 days to as many as 365 days, to increase the period of time during which the County could secure Interim Assistance Reimbursement for GR grants/rental subsidies and retroactive Medi-Cal. <li data-bbox="350 56 677 1976">Customizing the approach to securing SSI based on the condition and available documentation for individual GR participants by: 	<p>December 2011</p> <ol style="list-style-type: none"> <li data-bbox="677 56 1455 1976">Preliminary discussions have taken place with the local Social Security Administration (SSA) regarding the protected filing date. A conference call was held with SSA, the State Disability Determination Services Division (DDSD) and DPSS in August 2010. At a meeting in March 2011 between SSA, the State Disability Determination Services Division (DDSD) and DPSS, SSA stated that it would not be possible to change the protective filing date. Based on that response from the local SSA, DPSS will resume efforts to pursue a change at the <u>federal level</u>. <li data-bbox="677 56 1455 1976">The responsible workgroup met on November 18, 2010 to discuss customizing the approach to securing SSI based on available documentation. A focus group comprised of community and SSI Advocates will meet in May 2011 to review

Note: New updates are underlined

GR RESTRUCTURING MASTER IMPLEMENTATION CHART

March 31, 2011

Attachment

NO.	APPROVED RECOMMENDATIONS	STATUS	TARGET IMPLEMENTATION DATE
	<ul style="list-style-type: none"> • Better identifying GR participants who are potentially eligible for SSI through a more extensive medical and/or mental health disability assessment (approved in Phase One). • Evaluating available medical treatment documentation and utilizing the document retrieval process (approved in Phase One), if necessary. • Evaluating whether a comprehensive medical/mental health evaluation (approved in Phase One), and the resulting write-up would strengthen the SSI application, and, if so, refer the participant for an evaluation. • Making an appropriate decision about when to file the SSI application in order to increase the chance of approval, based on the participant's situation and the results of any assessments, medical documentation, and/or evaluation. 	<p>and provide input on a new approach for the development of a GR SSIMAP Handbook to define guidelines for the SSI Advocates to pursue SSI based on <u>available documentation</u>.</p> <p>See update for Recommendation #8.</p> <p>See update for Recommendation #9.</p> <p>See update for Recommendation #8.</p>	<p>The responsible workgroup met on November 18, 2010. A meeting with a focus group comprised of community and SSI Advocates was held in February 22, 2011, to review a new approach for the development of a GR SSIMAP Handbook to define guidelines for the SSI Advocates. Another meeting will be scheduled for June 2011 to finalize the GR SSIMAP Handbook.</p>
		<ol style="list-style-type: none"> 3. Implementing the SSI/SSDI Outreach Access and Recovery (SOAR) principles and strategies. 4. Seeking training from Social Security Administration for DPSS SSI advocates on SSI medical disability standards and case development. 5. Developing the disability assessment and evaluation 	<p>IMPLEMENTED SEPTEMBER 2010</p> <p>JUNE 2011</p>
		<p>Note: New updates are underlined</p> <p>5. See update for Recommendation #8.</p>	<p>PARTIALLY</p>

GR RESTRUCTURING MASTER IMPLEMENTATION CHART

March 31, 2011

Attachment

NO.	APPROVED RECOMMENDATIONS	STATUS	TARGET IMPLEMENTATION DATE
32	Provide ancillary expenses for showers, shoes, clothes, etc., for those pursuing SSI, including a motel voucher for the night before an SSI appointment with California Department of Social Services or Social Security Administration, when needed to enable the participant to arrive on time.	A preliminary meeting with an internal DPSS focus group comprised of DPSS SSI Advocates to discuss the different ways of implementing the recommendation was held on June 23, 2010. The responsible workgroup meeting with all partners to discuss the project's course of action was held on June 24, 2010.	<u>IMPLEMENTED OCTOBER 2010</u> <u>IMPLEMENTED MAY 2011</u>
33	Collaborate with private medical facilities to retrieve medical and mental health records on behalf of GR participants to support their disability claim for SSI as part of the current DPSS-DHS homeless release project.	The workgroup met on September 22, 2010 and December 7, 2010 to review the draft guidelines. Training was held in January 2011. We are in process of finalizing guidelines.	Numerous attempts have been made to meet with the Hollywood Presbyterian and White Memorial hospitals <u>but due to scheduling conflicts, a meeting has not been scheduled.</u> However, both hospitals expressed interest in this project and agreed to meet to hear more details about the project.
34	Assist GR participants applying for SSI benefits by: <ul style="list-style-type: none"> ▪ Identifying GR participants who are in need of mental health treatment to secure medical documentation needed to secure SSI; ▪ Subject to funding, providing mental health treatment to those participants; ▪ Prioritizing mental health services for GR participants who need to pursue SSI; ▪ Documenting those who cannot be treated due to lack of funding; ▪ Ensuring cost recoupment from retroactive Medi-Cal; ▪ Assessing current procedures for providing mental health treatment to GR participants; and ▪ Recommending changes to better keep participants engaged in treatment. 	A draft of an official invitation for the Hospital Association of Southern California (HASC) to participate is being reviewed and will be sent to HASC in June. In a preliminary conversation with HASC administration, HASC has expressed interest in the project.	The first meeting with the responsible workgroup to discuss the protocols for this project was held on June 23, 2010.

Note: New updates are underlined

GR RESTRUCTURING MASTER IMPLEMENTATION CHART
March 31, 2011

Attachment

NO.	APPROVED RECOMMENDATIONS	STATUS	TARGET IMPLEMENTATION DATE
35	DPSS SSI Advocates should provide case management that will help GR SSI applicants keep track of appointments.	<p>A preliminary meeting with an internal DPSS focus group comprised of DPSS SSI Advocates was held on June 23, 2010, to discuss different ways of implementing the recommendation. The responsible workgroup meeting with all partners to discuss the project's course of action was held on June 24, 2010.</p> <p>The workgroup generated recommendations which are currently under review and will be released via the GR SSIMAP Handbook. The responsible workgroup met on November 18, 2010.</p> <p>A workgroup meeting was held on November 18, 2010 to redefine the scope of the recommendation. The recommendation was expanded to allow advocates to do more case management activities. The meeting resulted in identifying more case management activities. They will be incorporated into the GR SSIMAP Handbook.</p>	<u>JUNE 2011</u>
36	Pursue a pilot to coordinate ongoing health and mental health treatment for GR participants pursuing SSI, dependent upon available funding.	<p>The first meeting with the responsible workgroup to discuss the protocols for this project was held on June 23, 2010.</p> <p>The workgroup met again on September 7, 2010 to discuss pursuing the recommended pilot. The group discussed the lack of available funding and the possibility of a pilot in an area that has both a DHS health clinic and a DMH mental health facility in close proximity. A third workgroup meeting was held in October 2010.</p>	<u>SEPTEMBER 2011</u>
37	Strengthen current process to identify GR participants who were previously on SSI and prioritize SSI advocacy for them.	<p>DPSS is exploring a partnership with Skid Row Housing Trust (SRHT). SRHT is a permanent supportive housing provider in downtown Los Angeles that currently operates 1,500 apartments, the majority of which are for homeless individuals.</p>	<u>JUNE 2011</u>

Note: New updates are underlined

GR RESTRUCTURING MASTER IMPLEMENTATION CHART
March 31, 2011

Attachment

NO.	APPROVED RECOMMENDATIONS	STATUS	TARGET IMPLEMENTATION DATE															
		June 24, 2010. DPSS is in the process of finalizing the guidelines for SSI Advocates. The responsible workgroup met on December 7, 2010.																
38	<p>Establish the following targets for SSI Approvals:</p> <ol style="list-style-type: none"> 1. For SSI applications filed in FY 10/11 and ongoing, increase the SSI approval rate at the initial application level to at least 50% in FY 10/11, to at least 60% in FY 11/12, and to at least 70% in FY 12/13. 2. For the overall number of SSI approvals, increase the number of SSI approvals as follows: <table border="1" data-bbox="708 1337 871 1843"> <thead> <tr> <th>FY</th> <th>FY</th> <th>FY</th> </tr> <tr> <th>2008-09</th> <th>2010-11</th> <th>2011-12</th> </tr> </thead> <tbody> <tr> <td>Baseline</td> <td>Target</td> <td>Target</td> </tr> <tr> <td>5,891</td> <td>6,400</td> <td>6,900</td> </tr> <tr> <td></td> <td></td> <td>7,400</td> </tr> </tbody> </table>	FY	FY	FY	2008-09	2010-11	2011-12	Baseline	Target	Target	5,891	6,400	6,900			7,400	<p>The workgroup meeting to discuss different ways of accomplishing the targets for SSI approvals was held on June 24, 2010.</p> <p>After all of the GR recommendations are implemented, the Advocates believe that they will have additional tools to enhance services to participants and to assist with more complete applications being submitted to SSA for SSI approval.</p> <p>The SSI targets were reiterated in the GR SSIMAP bi-monthly Newsletter and at the SSI Advocates Quarterly meeting.</p>	<p>IMPLEMENTED JUNE 2010 and ongoing</p>
FY	FY	FY																
2008-09	2010-11	2011-12																
Baseline	Target	Target																
5,891	6,400	6,900																
		7,400																
39		Address/fix non-disability related SSI eligibility issues such as citizenship documentation, birth certificate, etc.	<p>The responsible workgroup meeting with all partners was held on June 24, 2010.</p> <p>A second Workgroup meeting was held on August 29, 2010. The SSI Advocates exchanged valuable tips on how to resolve non-disability SSI eligibility issues. We are currently drafting a document to show how non-disability issues may be addressed. This document will be shared with DPSS line staff.</p> <p>Document was drafted and presented during Workgroup meeting on December 2, 2010. The Workgroup provided valuable input. A document is in the process of modification to reflect the Workgroup's input. Document is to be part of GR SSIMAP Handbook.</p>															
40	Strengthen existing relationships with the Social Security Administration.	An upper level management meeting with the Social Security Administration, Veterans Administration, CEO and various County Departments was held on June 22, 2010. The purpose of the meeting was to stress the importance of collaboration	IMPLEMENTED AUGUST 2010															

Note: New updates are underlined

GR RESTRUCTURING MASTER IMPLEMENTATION CHART

March 31, 2011

Attachment

NO.	APPROVED RECOMMENDATIONS	STATUS	TARGET IMPLEMENTATION DATE
		among departments for the successful implementation of the GR Restructuring projects. A meeting attended by SSA, Disability Determination Services Division (DDSD), and DPSS staff was held on August 21, 2010, to strategize ways of helping more GR Participants transition to SSI. The three agencies committed to collaborate with each other to meet their objective of increasing the number of SSI approvals among GR participants. Agencies agreed to meet quarterly to discuss progress made.	
41	<p>Implement a transportation pilot project to evaluate the impact of providing monthly bus passes to two groups of GR participants to determine whether providing bus passes (instead of individual tokens) increases their likelihood of approval for SSI:</p> <ol style="list-style-type: none"> 1. GR participants pursuing SSI, and 2. GR participants receiving a housing subsidy and pursuing SSI. 	<p>The pilot will consist of 200 GR participants. Each participant will contribute \$10 per month toward the cost of the bus pass.</p> <p>Results will be compared after one year of the pilot. If providing bus passes is shown to be a good method of helping participants obtain approval of SSI benefits more quickly, DPSS will then explore ways of providing them to more participants.</p>	<p>A meeting with the responsible workgroup to discuss the project's course of action was held on June 24, 2010.</p> <p>A second workgroup meeting was held on September 22, 2010, to review the draft guidelines for the pilot.</p> <p>A third workgroup meeting was held on December 7, 2010, to determine the District Offices for the pilot and the method of issuance for the pilot. A fourth meeting was held in January 2011 to determine the valid survey reports needed and logistics of implementation based on availability of monthly bus pass issuance from the Transit Access Pass card program that the Auditor-Controller is negotiating with the Los Angeles Metropolitan Transportation Authority.</p>
42		<p>Reconstitute the GR Restructuring Workgroup as the GR Restructuring Steering Committee to meet quarterly to do the following:</p> <ul style="list-style-type: none"> ▪ Work together on the implementation process; ▪ Review evaluation data and make recommendations for any adjustments to processes or targets; and ▪ Identify and pursue opportunities for GR service integration. 	<p>All GR Restructuring Workgroup members were invited to be part of the specific workgroups for the individual recommendations.</p> <p>IMPLEMENTED JUNE 2010</p> <p>The Workgroup continues to meet on a quarterly basis.</p>

(Updated 4/17/11)

Note: New updates are underlined

GR RESTRUCTURING MASTER IMPLEMENTATION CHART
March 31, 2011

Attachment

GR CASELOAD CHARACTERISTICS						
Month/Year	Total Aided Persons	% Change from Previous Month	Employable	Unemployable	Average Age	Male
					E	Female
July	2010	101,683	40,244	61,439	33	43
August	2010	102,982	1.3%	41,087	33	43
September	2010	104,057	1.1%	41,380	32,677	33
October	2010	104,042	0.0%	40,919	63,123	33
November	2010	104,969	0.9%	40,145	64,824	33
December	2010	<u>107,452</u>	<u>2.4%</u>	<u>44,242</u>	<u>63,210</u>	<u>33</u>
January	2011	<u>108,951</u>	<u>1.4%</u>	<u>45,452</u>	<u>63,499</u>	<u>34</u>
February	2011	<u>106,390</u>	<u>-2.4%</u>	<u>44,622</u>	<u>61,768</u>	<u>34</u>
March	2011	109,212	2.6%	46,250	62,962	34

GR OUTCOMES			
JOB PLACEMENTS		SSI APPROVALS	
Month/Year	Monthly	Cumulative FY 2010/11	Monthly
July	2010	1,234	1,234
August	2010	1,512	2,746
September	2010	1,562	4,308
October	2010	1,353	5,661
November	2010	1,303	6,964
December	2010	<u>1,231</u>	<u>8,195</u>
January	2011	<u>1,115</u>	<u>9,310</u>
February	2011	<u>1,132</u>	<u>10,442</u>
March	2011	<u>1,389</u>	<u>11,831</u>

GR Quarterly Report - June 2011-Attachment

Note: New updates are underlined



County of Los Angeles CHIEF EXECUTIVE OFFICE

Kenneth Hahn Hall of Administration
500 West Temple Street, Room 713, Los Angeles, California 90012
(213) 974-1101
<http://ceo.lacounty.gov>

WILLIAM T FUJIOKA
Chief Executive Officer

Board of Supervisors
GLORIA MOLINA
First District

MARK RIDLEY-THOMAS
Second District

ZEV YAROSLAVSKY
Third District

DON KNABE
Fourth District

MICHAEL D. ANTONOVICH
Fifth District

February 3, 2012

To: Supervisor Zev Yaroslavsky, Chairman
Supervisor Gloria Molina
Supervisor Mark Ridley-Thomas
Supervisor Don Knabe
Supervisor Michael D. Antonovich

From: William T Fujioka
Chief Executive Officer

GENERAL RELIEF RESTRUCTURING PLAN: QUARTERLY UPDATE

This is to provide a report on the progress of the implementation of the General Relief (GR) Restructuring Plan.

On April 24, 2009, on a motion by Supervisor Knabe, your Board instructed the Chief Executive Officer (CEO), in collaboration with the Department of Public Social Services (DPSS), and consultation with County Counsel, to design a potential GR Program that will better assist GR participants, with the expectation that more of these individuals would be able to transition off of County assistance. In response, the GR Restructuring Workgroup (RW), consisting of 11 County departments and ten stakeholders was convened. On February 9, 2010, your Board approved the comprehensive plan to restructure the GR Program. This plan consisted of 42 recommendations designed to reduce the GR caseload over time by focusing services on housing assistance, Supplemental Security Income (SSI) advocacy, and employment preparation.

The GR RW members were invited to participate in various workgroups that were convened by DPSS to assist in the implementation of the plan. Numerous internal DPSS meetings and meetings with other County departments and community stakeholders have taken place to discuss the implementation of the various GR restructuring projects. As a result of the great support and collaboration from the different partners, 19 GR Restructuring Recommendations have already been implemented and substantial progress has been made on numerous additional recommendations.

"To Enrich Lives Through Effective And Caring Service"

**Please Conserve Paper – This Document and Copies are Two-Sided
Intra-County Correspondence Sent Electronically Only**

PERFORMANCE DATA ON KEY GR RESTRUCTURING PROJECTS

- Recommendation No 5. Expansion of the Housing Subsidy Project

The GR Housing Subsidy Program has a total of 1,540 slots. The slots will increase over time, as funding becomes available through the GR Anti-Homelessness Account. Currently, there are 1,332 individuals receiving a housing subsidy and 245 subsidies pending approval.

- Recommendation No. 8. Mental Health and Health Disability Assessments

Mental Health Assessments

Department of Mental Health (DMH) reported that in August, 2011, its clinicians saw 1,111 participants and determined that 1,036 of them have a mental health disability, of which 261 have a permanent mental health disability. This translates into 25 percent of individuals assessed as having a permanent mental health disability, compared to only 1.5 percent under the prior, more cursory mental health screening conducted by non-licensed DMH staff. This means that more GR participants are determined to be potentially eligible for SSI and provided SSI advocacy services. If approved for SSI, these individuals will exit GR. Through August 2011, DMH clinicians reported that a total of 8,688 participants have been seen. Of these, 8,296 have been determined to have a mental health disability, and 1,990 (or 24 percent) of these were determined to have a permanent mental health disability.

Physical Health Disability Assessments

The Physical Health Disability Assessment is a medical assessment of certain GR participants to determine their physical health and ability to comply with the GR Program employability requirements. These assessments are conducted by Federally Qualified Health Centers (FQHC).

FQHC reported that 18,014 GR participants had been seen through August 31, 2011. Of these, 672 were determined to be employable, 15,727 unemployable, 695 permanently unemployable, 880 employable with accommodations and 40 unemployable with accommodations.

- Recommendation No. 9. Record Retrieval Project

This project requires collaboration between DPSS, Department of Health Services (DHS), DMH, and the Los Angeles County Sheriffs' Department (LASD) to retrieve medical and mental health records on behalf of GR participants to support their

Each Supervisor
February 3, 2012
Page 3

disability claim for SSI. Since inception of the project in August 2010, DPSS has received a total of 1,443 sets of medical records from DMH, DHS and LASD.

- Recommendation No. 12. Enhancement of General Relief Opportunities for Work (GROW) Services

As of September 30, 2011, 20,538 individuals have been successfully placed on a job thanks to the GROW program. Of this number of job placements, 16,082 took place in FY 2010-11, and 4,456 in the first quarter of FY 2011-12.

- Recommendation No. 38. SSI Approval Targets

As of September 30, 2011, 10,440 individuals have been successfully approved for SSI due to the SSI Advocacy efforts. Of this number of SSI approvals, 4,456 were processed in FY 2010-11, and 2,060 in the first quarter of FY 2011-12.

An update on all 42 GR restructuring projects is provided on the attached GR Restructuring Master Implementation Chart.

We will provide the next quarterly report for the period ended December 2011 in February 2012.

If you have any questions, or require additional information, please contact Antonia Jiménez at (213) 974-7365 or via e-mail at ajimenez@ceo.lacounty.gov.

WTF:AJ:DS
JB:ljp

Attachment

c: Executive Office, Board of Supervisors
County Counsel
Children and Family Services
Community and Senior Services
Health Services
Mental Health
Probation
Public Defender
Public Health
Public Social Services
Sheriff's Department

GR RESTRUCTURING MASTER IMPLEMENTATION CHART
September 30, 2011

Attachment

No.	APPROVED RECOMMENDATIONS	STATUS	TARGET IMPLEMENTATION DATE
1	Subject to applicable confidentiality requirements, use the Adult Linkages Project mechanism to identify the County service history of GR applicants/participants, so that applicants/participants can be offered services that take into account the totality of their individual circumstances.	<p>The Chief Executive Office (CEO) approved funding for the one-time cost implementation of this recommendation. CEO-SIB is currently working with SAS (contractor), DPSS, and County Counsel to develop the system that will be used by DPSS eligibility staff to access real time service utilization records for GR applicants/participants.</p> <p>On November 16, 2010, the Board of Supervisors approved the Enterprise Linkage Project (ELP), and an agreement with SAS Institute as the contractor for implementing this expansion of the Adult Linkages Project (ALP). A draft Master Memorandum of Agreement (MOA) between the CEO and the eight County departments, who will be sharing data for this project, was distributed for review and comments. Kick-off meeting was held on February 9, 2011.</p> <p>The ELP core Workgroup meets bi-weekly to discuss implementation of the project. ELP participating County departments were present at the initial kick-off Workgroup meeting. The ELP vendor (SAS) holds weekly conference calls with CEO and DPSS to provide updates and obtain clarification on the system design. Additionally, the MOA with the participating departments was executed on September 9, 2011. At this point, the Department of Children and Family Services' (DCFS) records, Adult Protective Services records from the Department of Community Senior Services (CSS), and juvenile probation records from Probation Department will be excluded from ELP due to legal issues with confidentiality. Only deidentified data from these departments will be included for purposes of data analysis and program design.</p>	<u>FEBRUARY 2012</u>

Note: New updates are underlined

GR RESTRUCTURING MASTER IMPLEMENTATION CHART
September 30, 2011

Attachment

NO.	APPROVED RECOMMENDATIONS	STATUS	TARGET IMPLEMENTATION DATE
2	The County should develop an innovative service integration model that can support County departments, other governmental entities, and community partners in concurrently serving a shared clientele.	Research is still pending on this project.	<u>JUNE 2012</u>
3	<p>Increase integration of services between the Sheriff's Department and DPSS by:</p> <ul style="list-style-type: none"> A. Developing a plan to enhance the current County jail match to identify individuals who are incarcerated and have a linkage to GR benefits, to provide pre- and post-release services and SSI Advocacy that will assist with their re-entry into society. B. Assessing the DPSS/Sheriff's Homeless Release Project to determine its effectiveness. C. Implementing a review protocol to determine whether any outstanding warrants remaining on the GR/SSI applicant's record should be cleared, recalled or withdrawn. D. Ensuring that probation, parole, and other warrants that should have been satisfied by a GR/SSI applicant's stay in jail have been withdrawn or recalled. E. Appointing a liaison for individuals with outstanding warrants whom advocates and County employees can contact directly to: (1) inquire about the underlying reason and validity of a warrant and (2) assist the SSI advocate in "clearing up" the warrant. F. Referring disabled individuals exiting jail who apply for GR to a SSI advocate/liaison, in order to re-establish SSI benefits and work with agencies (i.e., probation, parole, public defender, courts, etc.) to recall existing warrants. G. Referring disabled individuals exiting jail who do not have SSI benefits to GR SSIMAP for benefits establishment. 	<p>The designated workgroup includes DPSS, Sheriff, Public Defender and a representative from the Public Social Services (PSS) Commission.</p> <ul style="list-style-type: none"> • Los Angeles Sheriff Department (LASD) has identified a Custody Assistant (CA) whose job is to ensure that all inmates being identified for this project are cleared through their system to ensure that warrants are resolved prior to the inmates' release. • DPSS and LASD are working to identify additional data fields for the jail match listing to ensure more matches. The Chief Executive Office (CEO), Service Integration Branch (SIB), has agreed to run the jail match on "Dataflux" software to see if matches can be enhanced. • CEO/SIB was successful in enhancing the jail match with new parameters used on Dataflux. DPSS will use the same parameters and test to see if results are as successful as CEO/SIB. • LASD/DPSS and CEO staff met with Social Security Administration (SSA) staff to clarify SSA's role in this project. Per SSA, no SSA staff will be co-located at the jails; however, SSA will provide training to LASD's Community Transition Unit (CTU) in filling out SSI applications. • SSA provided training to LASD's Community Transition Unit in filling out the SSI application. 	<u>MARCH 2012</u>

Note: New updates are underlined

GR RESTRUCTURING MASTER IMPLEMENTATION CHART
September 30, 2011

Attachment

No.	APPROVED RECOMMENDATIONS	STATUS	TARGET IMPLEMENTATION DATE
4	<p>Encourage police agencies to make social services referrals for the homeless and connect them with resources, rather than issuing citations.</p>	<p>A meeting was held on June 17, 2010, with the Long Beach Police Department, L.A. County Sheriff's Department and Community partners.</p> <p>The Long Beach Police Department and LASD provided an overview of their services to the homeless population.</p> <p>At the April 2011 meeting with LASD/DPSS and CEO staff, a document that serves as a resource guide to homeless inmates in need of social services was introduced by LASD.</p> <p>LASD has confirmed that the resource guide is being distributed to homeless inmates as they are being released from jail.</p> <p>DPSS is waiting for confirmation from LASD that the resource guide will be given to homeless individuals instead of a citation.</p>	<u>MARCH 2012</u>
5	<p>Enhance Subsidized Housing by:</p> <p>A. Increasing the total number of housing subsidies to 10,000 by December 2014.</p> <p>B. Increasing the number of housing subsidies for homeless disabled GR participants pursuing, or willing to pursue, SSI and/or veterans benefits, so that 100% of homeless disabled GR participants pursuing SSI and/or veterans benefits are offered a housing subsidy.</p>	<p>The following key points were implemented in the Administrative Directive which was released to Project staff on August 2, 2010, for instructions and procedures:</p> <p>A. The GR Housing Subsidy Pilot has been expanded to include an additional 640 housing subsidy slots, bringing the total slots from 900 to 1,540. The current implementation plan projects to increase the housing subsidies based on the savings generated by GR participants who receive a housing subsidy and exit GR with work or disability benefits.</p> <p>B. & C. The new 640 housing subsidies added to the Pilot were allocated as follows: 320 for GR employable participants and 320 for GR disabled participants pursuing SSI and/or veterans benefits.</p>	<u>IMPLEMENTED AUGUST 2010</u>

Note: New updates are underlined

GR RESTRUCTURING MASTER IMPLEMENTATION CHART

September 30, 2011

Attachment

NO.	APPROVED RECOMMENDATIONS	STATUS	TARGET IMPLEMENTATION DATE
5	<p>C. Increasing the number of housing subsidies for homeless, employable GR participants.</p> <p>D. As in the current GR Housing and Case Management Project:</p> <ul style="list-style-type: none"> a. Subsidized housing itself should not be time-limited, allowing people to stay as permanent residents, after they start receiving outside income and can pay for their housing. b. The housing subsidy should be encouraged, but not required. <p>E. Increasing the GR rental subsidy amount from \$300 to \$400 and reducing the participant's contribution from the grant from \$136 to \$100, so the total amount available for rent will be \$500.</p> <p>F. Pursuing federal reimbursements for housing subsidy payments made to employable GR participants through the Food Stamp and Employment Training (FSET) fund at a rate of 50%; and pursuing reimbursement for housing subsidy payment made to GR participants who are approved for SSI through the Interim Assistance Reimbursement Program, at a rate of 100%.</p> <p>G. Reinvesting the money recouped from SSI (Interim Assistance Reimbursement for housing subsidies) in additional housing subsidies.</p> <p>H. Recruiting participants for the Housing Subsidy and Case Management Program during the GR Intake process and making additional efforts throughout the course of case management to encourage participants to remain in the Housing Subsidy and</p>	<p>D. Incorporated in the implementation Administrative Directive.</p> <p>E. The GR Housing Subsidy amount was increased from \$300 to \$400 and the participant's contribution from the grant was reduced from \$136 to \$100. The new total amount available is \$500.</p> <p>F. & G. DPSS is internally working and has established procedures to pursue federal reimbursement for housing subsidy payments made to employable GR participants through FSET funding and to pursue reimbursement for housing subsidy payments made to GR participants who are approved for SSI through the IAR process. The money recouped from SSI will be reinvested in additional housing subsidies.</p> <p>H. Two training sessions were conducted on July 15, 2010, to provide Project Staff, intake and approved eligibility staff, GROW Case Managers and SSI Advocates with the new procedures on the expansion of the Housing Subsidy Pilot Program.</p>	

Note: New updates are underlined

GR RESTRUCTURING MASTER IMPLEMENTATION CHART
September 30, 2011

Attachment

NO.	APPROVED RECOMMENDATIONS	STATUS	TARGET IMPLEMENTATION DATE
5	Case Management Program and identify causes of participants dropping out of the subsidy.	<p>August 2, 2010, the final approved Administrative Directive was released and the expansion of the Housing Subsidy Pilot Program was implemented.</p> <p>The GR Housing Subsidy Program currently has a total of 1,540 slots.</p> <p>Currently, there are <u>1,332</u> individuals receiving a housing subsidy, of whom <u>1,090</u> are receiving the higher subsidy amount of \$400 which took effect in August 2010. The remaining <u>242</u> participants continue to receive the lower \$300 subsidy, because they began receiving the subsidy prior to August 2010.</p>	<p>We recently learned of a decision by United States Department of Agriculture to limit FSET claiming for housing assistance to employable GR participants to <u>two</u> months per Federal Fiscal Year. As a result, the number of subsidies allocated to the GR employable category has been reduced from 50% of the total number of allocated subsidies to 25%. The current number of active GR employable subsidies as of September 30, 2011, is <u>454</u>. With the implementation of this change, project staff began suspending the approval of any new subsidies for this category until the total number of active subsidies is below the 25% allocation (<u>385</u>). The subsidies that become vacant due to disengagement are being allocated to the GR disabled participants pursuing SSI or Veterans Benefits.</p>

PERFORMANCE DATA

As of September 30, 2011:

Total housing subsidy slots	<u>1,540</u>
Individuals receiving housing subsidy	<u>1,332</u>
Subsidies pending approval	<u>245</u>

Note: New updates are underlined

GR RESTRUCTURING MASTER IMPLEMENTATION CHART
September 30, 2011

Attachment

NO.	APPROVED RECOMMENDATIONS	STATUS	TARGET DATE IMPLEMENTATION DATE
6	<p>Implement a pilot project (subject to a cost benefit analysis) by master leasing and/or purchasing foreclosed apartment buildings and/or multi-family housing units and/or dorm-like housing to be provided for the indigent homeless population. This housing should be owned and/or operated by a non-profit housing developer and/or homeless service provider with expertise in managing housing with services.</p> <p>Address supportive housing needs by:</p>	<p>Research is still pending on this project.</p> <p>We are developing a questionnaire to use with Board & Care facilities to inquire if they may be interested in master leasing. We have also requested an opinion from County Counsel on legal issues involved in master leasing.</p>	<u>JUNE 2012</u>
7	<p>A. Exploring housing options for mentally ill participants through City and County Housing Authorities and other smaller Housing Authorities throughout L.A. County.</p> <p>B. Identifying and leveraging County funding for housing resources and related services that already receive county funding or support.</p>	<p>A. DMH and DPSS staff held a pre-meet on April 27, 2010, to discuss possible housing experts and providers to be invited to assist with the implementation on this effort. A list of potential collaborative agencies was developed. The responsible workgroup met on June 24, 2010, to discuss the implementation plan for this project.</p> <p>A second workgroup meeting was held on August 4, 2010. A presentation on the Mental Health Services Act (MHSA) was made by Department of Mental Health (DMH) staff. Additionally, Los Angeles Homeless Services Authority (LAHSA) staff made a presentation on Project 50. MHSA, A Community of Friends and some local missions were identified as agencies that offer potential housing options to mentally ill GR participants who meet their criteria.</p> <p>B. Additionally, the group discussed the most viable projects and funding, which currently have housing slots available. All of the projects identified have limited funding. However, A Community of Friends, which is funded by the Community Development Commission (CDC), will be further explored.</p> <p>Project on target for implementation.</p> <p>DPSS is exploring partnership with Skid Row Housing Trust (SRHT). SRHT is a permanent supportive housing provider</p>	<u>MARCH 2012</u>

Note: New updates are underlined

GR RESTRUCTURING MASTER IMPLEMENTATION CHART
September 30, 2011

Attachment

NO.	APPROVED RECOMMENDATIONS	STATUS	TARGET IMPLEMENTATION DATE
7		<p>in downtown Los Angeles that currently operates 1,500 apartments, the majority of which are for homeless individuals.</p> <p>DPSS and DMH are collaborating to provide housing options for the mentally ill. The participants will be placed on the Housing Subsidy Program and the \$500 subsidy will be leveraged with Full Service Partnership (FSP) funding to provide housing, treatment, and services for these participants. DMH will provide 100 FSP slots for GR participants.</p>	<u>IMPLEMENTED ON</u> <u>JULY 2011</u>
8		<p>Subject to detailed operational and fiscal planning during Phase Two of the GR Restructuring process, eliminate the current cursory employability/Need Special Assistance (NSA) screening and replace it with a more extensive medical/mental health disability assessment performed by (1) DMH, (2) DHS or possibly DPH, and/or (3) DHS Public Private Partners (PPPs). For permanently disabled participants in need of additional documentation to support their SSI applications, a comprehensive medical/mental health evaluation would be performed. The extensive assessments and the comprehensive medical and mental health evaluations and write-ups will be funded with 50 - 75% new federal revenue.</p>	<u>IMPLEMENTED ON</u> <u>JULY 2011</u> <ul style="list-style-type: none"> • New mental health assessment training completed on October 28, 2010. • DMH staff began conducting the new mental health assessments on October 12, 2010, at Metro Special, Metro East, San Fernando, Pasadena and Wilshire Offices. • DMH will expand to all Districts on a staggered basis. • DMH submitted staff roll-out plan on October 5, 2010. • DMH reported that in August 2011 its Clinicians saw 1,111 participants and determined 1,036 of them to have a mental health disability, of which 261 have a permanent mental health disability. This translates into 25.2% of individuals screened having a permanent mental health disability compared to only 1.5% prior to

Note: New updates are underlined

GR RESTRUCTURING MASTER IMPLEMENTATION CHART
September 30, 2011

Attachment

No.	APPROVED RECOMMENDATIONS	STATUS	IMPLEMENTATION DATE
	<p>implementation. This means that more GR participants are determined to be potentially eligible for SSI and provided SSI advocacy services. The reported numbers above are all from the new DMH mental health assessments and do not include the cursory NSA screenings done by DPSS Social Workers when there is a need for more assessments than can be completed by the available DMH licensed staff.</p> <ul style="list-style-type: none"> Through August 2011, DMH Clinicians reported that a total of <u>8,688</u> participants have been seen. Of these, <u>8,269</u> have been determined to have a mental health disability, and <u>1,990</u> (or 23.95%) of these were determined to have a permanent mental health disability. This compares to only 1.5% permanent designations prior to implementation. DMH completed hiring the 18 PSWs and was fully staffed by July 2011. 		

GR RESTRUCTURING MASTER IMPLEMENTATION CHART
September 30, 2011

Attachment

NO.	APPROVED RECOMMENDATIONS	STATUS	TARGET IMPLEMENTATION DATE
		<ul style="list-style-type: none"> ○ San Gabriel Valley District #20 ○ Lancaster District #67 ○ Pomona (GROW site) • DMH has drafted the evaluation tool. • DMH has submitted an annual budget for the Comprehensive Evaluations for \$ 390,020, including two Clinical Psychologists and a <u>Staff Assistant</u>. • A Meeting was held on June 14, 2011 with Fiscal staff from DMH and DPSS, and DPSS GR Program staff to discuss the financial component of the comprehensive evaluations. • Revised budgets were submitted by DMH in August and September. DPSS is in the process of reviewing the budget. 	<p align="center"><u>IMPLEMENTED MAY 2011 (DISABILITY ASSESSMENTS)</u></p> <p align="center"><u>Medical Disability Assessment/Comprehensive Evaluations</u></p> <p>Subsequent to the Board's approval of this recommendation, the County Counsel for DHS determined that the medical disability assessments fall outside of the scope of the existing contracts with DHS' Public Private Partners (PPPs) and thus, neither the medical disability assessments nor the comprehensive evaluations can be implemented through an amendment to current PPP contracts.</p> <p>DPSS released a Request For Information (RFI) in an effort to identify Federally Qualified Health Centers (FQHC) and/or FQHC-look-alikes to provide the Medical Disability Assessment/Comprehensive Evaluations Services. Nine agencies were identified as having interest in providing Medical Disability Assessment Services/Comprehensive Evaluations to the fourteen GR Districts starting May 16 for a 19-month period. A competitive procurement process will be initiated during 2011 to secure one or more ongoing contractors beginning in December 2012.</p> <ul style="list-style-type: none"> • Board letter seeking delegated authority to execute

GR RESTRUCTURING MASTER IMPLEMENTATION CHART
September 30, 2011

Attachment

No.	APPROVED RECOMMENDATIONS	STATUS	TARGET IMPLEMENTATION DATE				
8	<p>contracts with 9 FQHC was approved by the Board on April 12, 2011.</p> <ul style="list-style-type: none"> • Contracts were in May 2011. • Implementation of the Physical Health Disability Assessment began on May 16, 2011. • Implementation of the Physical Health Comprehensive Evaluation is targeted for March 2012. • The "Employable with Accommodations" designation was implemented in August, 2011. • DPSS is making modifications to the LEADER system to add the new employability types, which will be used by the disability assessment contractors. • DPSS and DHS met with the nine recommended Physical Disability Assessment/Comprehensive Evaluation Services providers on March 24, 2011, to discuss the transition plan, the draft assessment tool, scheduling capacity, and to address agency concerns. • Each agency has identified a liaison to work with DPSS staff on the revision and finalization of the disability assessment tool. The disability assessment tool workgroup met on Tuesday, March 29, 2011. The assessment tool is now finalized. <p>In the month of March 2011, the previous contractor, QTC, conducted a total of 11,306 cursory employability screenings, which yielded the following results:</p> <table> <tbody> <tr> <td>Employable</td> <td>571 (5.1%)</td> </tr> <tr> <td>Temporarily Unemployable</td> <td>10,629 (94%)</td> </tr> <tr> <td>Permanently Unemployable</td> <td>106 (0.9%)</td> </tr> </tbody> </table> <p><u>Number of Medical Disability Assessments provided by FQHC in August 2011:</u></p> <ul style="list-style-type: none"> • Number of patients seen: 7,758 	Employable	571 (5.1%)	Temporarily Unemployable	10,629 (94%)	Permanently Unemployable	106 (0.9%)
Employable	571 (5.1%)						
Temporarily Unemployable	10,629 (94%)						
Permanently Unemployable	106 (0.9%)						

Note: New updates are underlined

GR RESTRUCTURING MASTER IMPLEMENTATION CHART
September 30, 2011

Attachment

No.	APPROVED RECOMMENDATIONS	STATUS	TARGET IMPLEMENTATION DATE
8	<ul style="list-style-type: none"> • Number determined Employable: <u>214</u> • Number determined Temporary Unemployable: <u>6,555</u> • Number determined Permanently Unemployable: <u>361</u> • Number determined Employable with Accommodations: <u>616</u> • Number determined Unemployable with Accommodations: <u>12</u> <p><u>As of August 31, 2011, total cumulative number of Medical Disability Assessments provided by FQHCs:</u></p> <ul style="list-style-type: none"> • Number of patients seen: <u>18,014</u> • Number determined Employable: <u>672</u> • Number determined Temporary Unemployable: <u>15,727</u> • Number determined Permanently Unemployable: <u>695</u> • Number determined Employable with Accommodations: <u>880</u> • Number determined Unemployable with Accommodations: <u>40</u> 	<p>The cumulative number of participants determined to be unemployable with accommodations is artificially low; this category was not fully implemented until August 2011. Therefore, for <u>August 2011, 616 (7.9%)</u> of participants were assessed as employable with accommodations and <u>880 (4.9%)</u> in the cumulative data.</p>	

Note: New updates are underlined

GR RESTRUCTURING MASTER IMPLEMENTATION CHART
September 30, 2011

Attachment

NO.	APPROVED RECOMMENDATIONS	STATUS	TARGET IMPLEMENTATION DATE
9	DHS, DMH, and LASD to retrieve medical and mental health records on behalf of GR participants to support their disability claim for SSI. Most of the costs will be funded with 50% new federal revenue.	<ul style="list-style-type: none"> • Project protocols were released and SSI Advocacy staff were trained. DPSS continues to meet with DMH, DHS and LASD to clarify issues, exchange best practices and measure the progress made. • DHS has finalized hiring all seven Registered Nurses (RNs). DMH has hired both of its RNs. LASD has now hired a permanent RN to work in this project. • A comprehensive training for RNs was conducted on August 13, 2010. Training presenters included staff from SSA, DDS and DHS. • The project was implemented in August 2010. • DHS, DMH and LASD are now processing pre-clearance requests and retrieving medical and mental health records. • DMH conducted training on documenting mental health conditions for DHS/DPSS/LASD/SSI staff and SSI Advocates on May 11 and June 2, 2011. • To help DMH clear its existing backlog, on June 2, 2011, DHS began sharing, on a temporary basis, one full-time equivalent nurse with DMH. • Expansion of the Record Retrieval Project to DPSS' disability health assessment and evaluation contracted providers is being considered. If feasible, DPSS will work with DHS to develop and implement this expansion. 	IMPLEMENTED AUGUST 2010

PERFORMANCE DATA

Records retrieved as of 09/30/11:

DHS

Requested - 923

Received - 831

DMH

Requested - 950

Received - 579

LASD

Note: New updates are underlined

GR RESTRUCTURING MASTER IMPLEMENTATION CHART
September 30, 2011

Attachment

NO.	APPROVED RECOMMENDATIONS	STATUS	TARGET IMPLEMENTATION DATE
9	<p>Requested - <u>345</u> Received - <u>196</u></p> <p>Total cumulative number of records requested <u>2218</u> Total cumulative number of records received <u>1,606</u> (72% of records requested).</p> <p>Total cumulative number of "Not Available" records <u>367</u> (17% of requests submitted).</p> <ul style="list-style-type: none"> • Total number of records pending: <u>245</u> (11% of records requested). 	<p>Preliminary teleconference meetings with DPSS, DMH and DHS were held in June 2010 to further discuss the data needs for this project.</p>	<p>The Project was implemented in September 2010 when DPSS provided SSI IAR listings to DHS and DMH dating back to 2007. DHS reported that it has collected \$1,499 in retroactive Medi-Cal payments as a result of this process for July 2010. DPSS is in the process of finalizing the File Transfer Protocol (ftp), which will allow the monthly SSI IAR reports to be shared electronically with DMH and DHS. Additional amounts have been identified by both departments but they continue working on the claiming process.</p> <p>IMPLEMENTED SEPTEMBER 2010</p>
10	<p>Maximize the claiming of retroactive Medi-Cal for GR participants who qualify for SSI and Medi-Cal.</p>	<p>DPSS is working with DHS to establish the secure FTP file share procedures. Effective June 2011, ESD has been successfully transmitting the SSI IAR Lists to DHS via Secure FTP. DHS has given confirmation that they have received the files. DMH has its own web-based secure file transfer site. DMH has created the accounts that allow DPSS to upload the data directly onto the DMH site. GR Program staff has successfully transmitted the SSI IAR list for June 2011.</p>	

Note: New updates are underlined

GR RESTRUCTURING MASTER IMPLEMENTATION CHART
September 30, 2011

Attachment

NO.	APPROVED RECOMMENDATIONS	STATUS	TARGET IMPLEMENTATION DATE
11	<p>Integrate the Public Defender (PD) into SSI Advocacy, where GR participants are already clients of the Public Defender and advocacy can be combined with clients' representation in court.</p>	<p>PD identified the Compton Courthouse as the location for this project. Staff has been selected. One DPSS SSI Advocate and one PD Psychiatric Social Worker II will be collocated at the PD site to provide SSI Advocacy services. A workgroup meeting was held in November 2010. <u>The fiscal provisions of the MOU were revised, the document was signed by PD and it is pending DPSS Director's signature. The Administrative Directive is being finalized.</u> Project protocols and equipment installation were completed. Project was implemented as planned on August 31, 2011.</p>	<u>IMPLEMENTED AUGUST 2011</u>
12	<p>Modify the GROW Program to:</p> <ol style="list-style-type: none"> A. Customize services to individuals who are classified as: <ol style="list-style-type: none"> 1. Transitional Age Youth (TAY); 2. Veterans; and 3. Participants exiting Mandatory Substance Abuse Program (MSARP). 	<p>A.1. The implementation plan for this project was finalized by the workgroup. Items that were finalized include GROW Computer Programming changes; curriculum for specialized job club class by LACOE; and instructions to staff. Two new GROW components were implemented in January 2011 to address the special needs of TAY participants: a specialized job club for TAY participants is currently offered as a pilot at Southwest Special GROW site Pathways to Success (PTS) and a new Computer Applications Class (CAC) for TAY with basic computer skills is offered at Metro Special GROW site. Expansion to other GROW sites is targeted for October 11, 2011.</p> <p>During this quarter, 46 participants enrolled in PTS and 22 (48%) were placed in jobs. Thirteen participants enrolled in CAC, and 4 (31%) were placed.</p>	<u>IMPLEMENTED JANUARY 2011</u>

Note: New updates are underlined

GR RESTRUCTURING MASTER IMPLEMENTATION CHART
September 30, 2011

Attachment

NO.	APPROVED RECOMMENDATIONS	STATUS	TARGET IMPLEMENTATION DATE
12	<p>Implementation date for this project has been extended to November 2011. An informational flyer regarding potential services/benefits to Veterans is being developed.</p> <p>A.3. Computer enhancements and implementation plan for this project have been completed. This project was implemented in June 2011. With the implementation of this project, Fastrak services (specialized job skills preparation class) are now available to MSARP participants. Effective September 2011, two reports were generated to help GROW staff identify participants who have completed the Mandatory Substance Abuse Recovery Program (MSARP) for enrollment in other GROW activities.</p> <p>B & C. Projects 12 B&C were implemented on August 2, 2010, with limited services. During the interim phase of this project, seven NSA participants have located employment.</p> <p>At the present time, 28 participants are enrolled as volunteers, and 7 (25%) have found employment.</p> <p>An Administrative Directive for projects B & C was prepared, and cleared in July 2011. Implementation of these projects at all 14 GR and GROW District Offices is targeted for November 2011.</p> <p>D. The workgroup has finalized the implementation plan for this project. Policy and procedures for this project have been cleared and project was implemented on June 1, 2011. With the implementation of this project, GROW staff is now developing customized employment plans to meet the special needs of DCFS and Probation</p>	<p>IMPLEMENTED JUNE 2011</p> <p>PARTIALLY IMPLEMENTED AUGUST 2011</p>	

Note: New updates are underlined

GR RESTRUCTURING MASTER IMPLEMENTATION CHART

September 30, 2011

Attachment

NO.	APPROVED RECOMMENDATIONS	STATUS	TARGET DATE	IMPLEMENTATION DATE
12	<p>E. Develop a comprehensive and ongoing evaluation plan of GROW to track outcomes for GR participants, including, but not limited to, education and training outcomes, length of employment obtained through GROW, and recidivism.</p>	<p>referred youth. Collaboration between DPSS, DCFS and Probation was implemented in June 2011. With the implementation of this project, GROW staff is now developing customized employment plans to meet the special needs of DCFS and Probation-referred youth.</p> <p>E. An internal DPSS meeting took place in April 2010. Future follow-up meetings will be scheduled after the implementation plans have been further developed, in order to determine the best way to track relevant information.</p>	<p>A report on GR Restructure Projects will be available starting December 2011.</p>	<u>IMPLEMENTED</u> <u>JULY 2011</u>
13	<p>Establish collaboration between DPSS and the Probation Department to reduce the number of Emerging Adults (age 18-24) applying for GR benefits.</p>	<p>DPSS has established collaboration with DCFS and Probation Department to facilitate referrals to GROW services, including American Recovery and Reinvestment Act (ARRA) Projects. DPSS has designated a liaison to work with both departments on this effort. This project was completed in May 2010.</p>	<p>The DPSS plan that was submitted to the State was approved on May 5, 2010. Reimbursement through FSET for costs associated with support services to GROW participants can be claimed effective October 2009. This project was completed in May 2010.</p>	<u>IMPLEMENTED</u> <u>MAY 2010</u>
14	<p>Pursue federal reimbursement through FSET, at a rate of 50%, for mental health, domestic violence, and, to the extent possible, substance abuse services provided to GROW participants.</p>	<p>The workgroup for this project has been meeting monthly to develop a collaborative plan to provide comprehensive employment services to GROW participants. The following WorkSource Centers and One Stops want to participate in this project: The Gardena South Bay One-Stop Business & Career Center, Inglewood South Bay One-Stop Business & Career Center, Southeast Los Angeles County Workforce Investment Board Youth Center, Southeast Los Angeles County Workforce Investment Board Youth Center, Southeast Los Angeles Crenshaw WorkSource Center, Marina Del Rey</p>	<p>The DPSS plan that was submitted to the State was approved on May 5, 2010. Reimbursement through FSET for costs associated with support services to GROW participants can be claimed effective October 2009. This project was completed in May 2010.</p>	<u>IMPLEMENTED</u> <u>FEBRUARY 2011</u>
15	<p>Establish collaboration with CSS, L.A. City and all other Workforce Investment Boards to provide job services and employment opportunities through the Work Source Centers, geared toward both youth and adult GROW participants.</p>	<p>The workgroup for this project has been meeting monthly to develop a collaborative plan to provide comprehensive employment services to GROW participants. The following WorkSource Centers and One Stops want to participate in this project: The Gardena South Bay One-Stop Business & Career Center, Inglewood South Bay One-Stop Business & Career Center, Southeast Los Angeles County Workforce Investment Board Youth Center, Southeast Los Angeles County Workforce Investment Board Youth Center, Southeast Los Angeles Crenshaw WorkSource Center, Marina Del Rey</p>	<p>The workgroup for this project has been meeting monthly to develop a collaborative plan to provide comprehensive employment services to GROW participants. The following WorkSource Centers and One Stops want to participate in this project: The Gardena South Bay One-Stop Business & Career Center, Inglewood South Bay One-Stop Business & Career Center, Southeast Los Angeles County Workforce Investment Board Youth Center, Southeast Los Angeles County Workforce Investment Board Youth Center, Southeast Los Angeles Crenshaw WorkSource Center, Marina Del Rey</p>	<u>IMPLEMENTED</u> <u>FEBRUARY 2011</u>

Note: New updates are underlined

GR RESTRUCTURING MASTER IMPLEMENTATION CHART
September 30, 2011

Attachment

No.	APPROVED RECOMMENDATIONS	STATUS	TARGET IMPLEMENTATION DATE
15	WorkSource Center, East Los Angeles WorkSource Center, Florence-Firestone WorkSource Center, and Los Angeles WORKS.	<p>DPSS and the Department of Community and Senior Services (CSS) are working on recruiting Workforce Investment Act (WIA) agencies that can provide services to participants residing in the San Fernando and Antelope Valley areas of the County.</p> <p>Two hundred seventy-one participants have been referred to the participating WIA agencies. Out of the 271 referred, 120 are enrolled in work preparation programs. Twenty-seven of the enrolled participants were offered employment and accepted.</p>	<p>DPSS has informed the responsible workgroup of this project and there were no objections to this proposal.</p>
16	Expand GROW to include GED preparation.	DPSS finalized policy/procedures to implement a GED component for GROW participants who lack a high school diploma. A list of available education entities has been identified. Programmatic changes to MAPPER have been completed.	IMPLEMENTED JUNE 2010
17	<p>Conduct a comprehensive study of the Mandatory Substance Abuse and Recovery Program (MSARP) to evaluate its effectiveness.</p> <p>A. DPSS and DPH-ADPA will evaluate the redesign of MSARP based upon the results of the evaluation.</p> <p>B. Use the evaluation outcomes and DPH-ADPA Rate Study to inform a resolicitation process for GR services.</p> <p>C. Evaluate the need for substance abuse treatment services for emerging adults ages 18-24 and the need to design specialized treatment services for this population.</p>	<p>CEO-SIB staff has shared a draft report, which was discussed during a meeting with DPSS staff. The data match with DPH was completed and merged with DPSS data in preparation for analysis. CEO-SIB conducted the analysis and submitted the draft report for review. DPSS provided comments and CEO-SIB finalized the report. Filing of the final report to the Board, initially scheduled for November 2011, has been postponed. The report will be submitted to DPSS in January 2012.</p>	FEBRUARY 2012

Note: New updates are underlined

GR RESTRUCTURING MASTER IMPLEMENTATION CHART

September 30, 2011

Attachment

NO.	APPROVED RECOMMENDATIONS	STATUS	TARGET IMPLEMENTATION DATE
18	Develop State and federal legislative/regulatory proposals to assist indigent adults and/or mitigate County costs and work with stakeholders to develop these proposals.	DPSS is examining possible areas where legislative and regulatory changes may be necessary and feasible. The workgroup has identified ten (10) potential concerns that with further research may formulate into a State or federal legislative proposal for indigent adults. The last workgroup meeting was held on November 23, 2010.	<u>MARCH 2012</u>
19	DPSS to expand data collection for the GR Program.	A meeting to discuss data collection and computer programming for all SSI Advocacy-related recommendations was held on June 22, 2010. GR data, including GR Restructuring Data, will be collected and made available through DPSSMART, SSIMAP database. Data collection is an ongoing effort.	IMPLEMENTED AUGUST 2010 Ongoing
20	Include the GR Program in the County's and DPSS' strategic plans.	<p>The GR Program has been incorporated in the County's and DPSS' Strategic Plan.</p> <p>The County's Strategic Plan Objectives are:</p> <p>Objective 2: General Relief to SSI: By June 30, 2010, assess the success of the implementation of the GR-to-SSI project, working with the Department of Public Social Services, Health Services, Mental Health, and Public Health staff. Based upon the evaluation, determine whether to continue program and/or integrate with GR Efficiencies Initiative.</p> <p>Objective 3: By June 30, 2010, to achieve GR Efficiencies, develop recommendations with stakeholders, present plan to the Board of Supervisors, and begin project implementation.</p> <p>The DPSS' Strategic Plan Objectives are:</p> <p>Objective I.1.7: By June 2010, redesign the General Relief Program to reduce homelessness, increase the number of customers who transition to SSI and increase the number of customers who become employed.</p>	IMPLEMENTED APRIL 2010

Note: New updates are underlined

GR RESTRUCTURING MASTER IMPLEMENTATION CHART
September 30, 2011

Attachment

NO.	APPROVED RECOMMENDATIONS	STATUS	TARGET IMPLEMENTATION DATE
21	Conduct a pilot having the current Linkages GAIN Services Workers at two or three small DCFs offices work with the Children's Social Workers to utilize the Transition Conference as an opportunity to connect foster youth with County services.	The workgroup has finalized the implementation plan for this project. Policy and procedures have been released for clearance. This project was implemented in June 2011.	<u>IMPLEMENTED</u> <u>JUNE 2011</u>
22	Provide better screening for Veterans and better referrals for assistance with claims and strengthen DPSS case management for Veterans who are on GR to enable them to qualify faster for Veteran's benefits and services.	<p>An initial meeting was held in June 2010 with Legal Aid Foundation of Los Angeles (LAFLA), Public Counsel, and Department of Military and Veterans Affairs (DMVA). Project protocols for the DPSS/LAFLA pilot have been drafted and shared with the responsible workgroup. Comments were received from the workgroup in June 2010.</p> <p>Currently working with Public Counsel to develop a resource guide for Veteran participants.</p> <p>A second meeting was held on August 17, 2010, with LAFLA to discuss the implementation of the pilot project. The DPSS/LAFLA Veterans pilot has been implemented in the Metro East office. Space arrangements for LAFLA staff at the Metro East office have been made. Policy for this project was officially released in December 2010.</p> <p>A telephone conference call was held on December 20, 2010 between DMVA and DPSS to discuss the next steps to implement the project.</p> <p>A conference call was held with DMVA's information technology vendor to discuss the feasibility of a data match. DMVA uses a vendor to host their database.</p> <p><u>Legal clarification is being sought to determine if a data match is legally feasible with DMVA and if an MOU will resolve the issue.</u> The data match with DMVA would only be able to identify participants who are already receiving veterans disability benefits.</p>	<u>PARTIAL</u> <u>IMPLEMENTATION</u> <u>DECEMBER 2010</u> <u>FULL</u> <u>IMPLEMENTATION</u> <u>MARCH 2012</u>

Note: New updates are underlined

GR RESTRUCTURING MASTER IMPLEMENTATION CHART
September 30, 2011

Attachment

NO.	APPROVED RECOMMENDATIONS	STATUS	TARGET IMPLEMENTATION DATE
22		<p>Additionally, the CEO-SIB is working with the federal Department of Veterans Affairs (VA) and has provided DPSS their VA contact information to discuss the feasibility of a data match to assist in the identification of Veteran GR participants. We have been in contact with the VA, and have been informed that a participant's Social Security Number is needed for a data match. County Counsel has indicated that unless we have the participant's consent, we cannot use their Social Security number for the data match. We are exploring other options.</p>	
23	<p>Assess and enhance the current mechanisms designed to enable former foster care youth, medically indigent under 21 and probation youth to receive and retain Medi-Cal.</p>	<p>An internal meeting was held on May 25, 2010, to discuss current DPSS efforts on this subject.</p> <p>Foster Care Youth</p> <p>Children in foster care automatically continue on Medi-Cal until they reach age 21; however, 50% of cases are terminated at redetermination for failure to respond, mainly due to DPSS not having the individuals' current address.</p> <p>DPSS and DCFS have established a liaison to share address changes reported by the youth and thereby update their databases. Additionally, DPSS is in the process of finalizing a change of address card for former foster youth to mail to DPSS to report a change of address. DPSS is also considering the inclusion of information regarding the Your Benefits Now (YBN) Online Application on the card. When implemented, the change of address card will be sent to DCFS and the Independent Living Program (administered by DCFS) to include in the packet of information given to the youth when exiting the program.</p>	<u>NOVEMBER 2011</u>

Note: New updates are underlined

GR RESTRUCTURING MASTER IMPLEMENTATION CHART
September 30, 2011

Attachment

No.	APPROVED RECOMMENDATIONS	TARGET IMPLEMENTATION DATE
No.	STATUS	
23	<p>After further discussion with DCFS, it was decided not to proceed with the change of address card. DCFS expressed that the card would be another price of paper that the youth would discard.</p> <p>We are now pursuing utilizing electronic means such as twitter, to keep in touch with Former Foster Youth. Additionally, we are in the process of adding the Medi-Cal redetermination form to Your Benefits Now (YBN). This will allow the former foster youth to submit the redetermination online.</p> <p>DPSS meets with DCFS monthly to identify issues, concerns, and enhancements to the current process.</p> <p>Probation Youth</p> <p>DPSS is currently taking Medi-Cal applications at probation camps only for minor consent services (Medi-Cal for individuals who need continuous services; e.g., pregnancy, mental health treatment, counseling, drug and alcohol abuse).</p>	<p>A sub-workgroup meeting was held on January 10, 2011, to obtain a status update on enhancements being made to ensure former foster youth retain Medi-Cal. DPSS continues to work with Probation to establish a referral system to ensure probation youth are properly coded to receive and retain Medi-Cal.</p> <p>DPSS completed a computer data interface system with Probation (Medi-Cal Application and Probation Partnership System - MAPPS) to identify youth who are soon to be released from the probation system. MAPPS will allow Probation to input essential information about the Probation Youth into the system that will trigger a Medi-Cal pre-release referral to DPSS. However, due to resource issues, Probation is currently unable to provide</p>

Note: New updates are underlined

GR RESTRUCTURING MASTER IMPLEMENTATION CHART
September 30, 2011

Attachment

No.	APPROVED RECOMMENDATIONS	STATUS	TARGET IMPLEMENTATION DATE
23	sample data to test the data interface system between DPSS and Probation. The system must be tested prior to implementation. As a result, MAPPS screens have been modified to allow Probation to enter information into the system. Data will be input manually until Probation can transmit the data electronically. An Administrative Directive releasing instructions to staff has been drafted and is in the clearance stage.		MARCH 2012
24	<p>Increase the GR Participants resources by:</p> <p>A. Allowing GR recipients to remain on GR while saving more money. Permit GR participants to maintain a Restricted Savings Account up to a pre-determined amount for the purpose of saving for housing, education or training expenses, and/or to start a business that would not be countable towards the property limit.</p> <p>B. Helping participants who have child support obligations by:</p> <ol style="list-style-type: none"> Educating workers and participants about the assistance DPSS currently offers to help lower child support payments for participants. Work with the Child Support Services Department to reduce child support payments for participants after they leave GR for the first six months they have a job, to allow them to get on their feet before resuming higher child support payments. 	<p>A. Research is still pending on the viability of implementing this segment.</p> <p>B.1. Draft protocols will be developed to educate DPSS staff on assisting GR participants with lowering their child support payments.</p> <p>B.2. At a meeting on October 11, 2011, DCSS indicated that this recommendation is in conflict with Federal and State rules which state that child support is collected based on the individual's earnings/income; therefore, this recommendation will not be pursued.</p>	
25	Add positions in GR offices, through September 30, 2010, utilizing TANF emergency contingency funds (ECF), to assist GR participants navigate the GR process. Positions may be filled with GR non-custodial parents (NCPs) who qualify for ECF-funded subsidized employment.	This project was completed with the hiring of six participants who worked as Customer Services Assistants (CSAs) in the GR Districts lobby until September 30, 2010, when the available funding ended.	IMPLEMENTED MAY 2010

Note: New updates are underlined

GR RESTRUCTURING MASTER IMPLEMENTATION CHART
September 30, 2011

Attachment

No.	APPROVED RECOMMENDATIONS	STATUS	TARGET IMPLEMENTATION DATE
26	CEO-SIB to conduct an evaluation of GR Program mandates, rules, time limits, sanctions, operational processes, and data limitations, including a cost/benefit analysis.	<p>CEO-SIB identified two contractors to conduct the evaluation of the GR Program. The first contractor secured to perform the Quantitative Process Analysis of Los Angeles County's GR Program is University of Sciences in Philadelphia.</p> <p>The second contractor secured to perform the Qualitative Process Analysis of Los Angeles County's GR Program is Linda Shaw, Ph.D., from California State University San Marcos. An action plan was developed by the contractors to convene focus groups to interview Eligibility Workers and Administrative staff. These focus groups were convened in August 2010. Researchers convened focus groups and interviewed GR participants in January 2011.</p> <p>CEO-SIB researchers conducted the third part of the study themselves, a comparison of GR program policies in Los Angeles and several other California counties.</p> <p><u>These reports are being finalized, prior to submission to the Board.</u></p>	FEBRUARY 2012
27	Establish a GR Anti-Homelessness Account in the CEO's budget to fund enhanced services to reduce GR homelessness. Fund this account with savings from enhanced GR services, including but not limited to GR grant savings for participants who receive a rental subsidy and secure employment/SSI, and Interim Assistance Reimbursement for rental subsidies for GR participants who qualify for SSI.	The Anti-Homelessness Account was set up in the DPSS Assistance budget in August 2010.	IMPLEMENTED AUGUST 2010

Note: New updates are underlined

GR RESTRUCTURING MASTER IMPLEMENTATION CHART
September 30, 2011

Attachment

No.	APPROVED RECOMMENDATIONS	STATUS	TARGET IMPLEMENTATION DATE
28	<p>Assist GR participants manage their money better by:</p> <ul style="list-style-type: none"> ▪ Formulating a list of banks that allow recipients to establish accounts with no minimum balances and minimal overdraft fees. ▪ Assembling training materials instructing clients about budgeting and money management as well as the security advantages of keeping their funds in a bank account. The instruction topics would also include balancing their check book, if utilizing an ATM to check their account status, and avoiding bank fees. ▪ Focusing on providing this information to GR participants securing SSI benefits. ▪ Engaging with community organizations involved with assisting individuals with money management issues. ▪ Seeking volunteer agencies who will offer training or assistance to GR participants on money management. 	<p>Three workgroup meetings have been conducted to brainstorm and develop an implementation plan. Met with representatives from a local bank to learn what they can offer to GR participants and what training they can provide to Supplemental Security Income Medi-Cal Advocacy Program (SSIMAP) staff. A focus group meeting was conducted with SSI Advocates on August 19, 2010, to better define their role under this recommendation.</p> <p>Money management training for SSIMAP staff was conducted by Consumer Action in October 2010. An Administrative Directive was completed and sent for clearance. The clearance process is being brought to a close. Full implementation is scheduled for October 2011. Once fully implemented, GR SSIMAP Advocacy staff will be able to counsel their participants on money management issues, help them create a budget and a spending plan.</p>	<u>OCTOBER 2011</u>
29	<p>Do not limit the housing subsidy to nine months for employable GR participants. Instead, permit employable GR participants who reach the nine-month time limit to continue receiving the subsidy during the three months that they are ineligible to GR.</p>	<p>A LEADER Change Request has been initiated to allow employable GR participants to receive housing subsidy after they reach the nine-month time limit.</p>	<u>JUNE 2012</u>
30	<p>DPSS should engage in a dialogue with Board and Care Operators to determine how to increase usage of board and care facilities by homeless GR participants. Explore providing information to GR participants on board and care facilities upon release from emergency rooms or hospitals.</p>	<p>A meeting with two Board and Care agencies to discuss other housing options for homeless GR participants took place on June 23, 2010.</p>	<u>MARCH 2012</u>

Note: New updates are underlined

GR RESTRUCTURING MASTER IMPLEMENTATION CHART
September 30, 2011

Attachment

No.	APPROVED RECOMMENDATIONS	STATUS	IMPLEMENTATION DATE
30	<p>Board and Care Operators are interested in providing housing to homeless participants. Board and Care operators will be provided information about the need for housing for GR homeless individuals and the opportunity to collaborate with DPSS. The CEO has taken the lead on this project.</p>		DECEMBER 2011
31	<p>Improve upon DPSS' GR SSI and Medi-Cal Advocacy Program (GRSSIMAP) by:</p> <ol style="list-style-type: none"> 1. Advocating for a change in federal regulations that would extend the protected filing date from 60 days to as many as 365 days, to increase the period of time during which the County could secure Interim Assistance Reimbursement for GR grants/rental subsidies and retroactive Medi-Cal. 2. Customizing the approach to securing SSI based on the condition and available documentation for individual GR participants by: <ul style="list-style-type: none"> • Better identifying GR participants who are potentially eligible for SSI through a more extensive medical and/or mental health disability assessment (approved in Phase One). • Evaluating available medical treatment documentation and utilizing the document retrieval process (approved in Phase One), if necessary. 	<p>1. Preliminary discussions have taken place with the local Social Security Administration (SSA) regarding the protected filing date. A conference call was held with SSA, the State Disability Determination Services Division (DDSD) and DPSS in August 2010. At a meeting in March 2011 between SSA, the State Disability Determination Services Division (DDSD) and DPSS, SSA stated that it would not be possible to change the protective filing date. Based on that response from the local SSA, DPSS will resume efforts to pursue a change at the federal level.</p> <p>2. The responsible workgroup met on November 18, 2010, to discuss customizing the approach to securing SSI based on available documentation. A focus group comprised of community and SSI Advocates <u>met in July 2011</u> to review and provide input on a new approach to define guidelines for the SSI Advocates to pursue SSI based on available documentation.</p> <ul style="list-style-type: none"> • See update for Recommendation #8. • See update for Recommendation #9. 	<p>DECEMBER 2011</p> <p>NOVEMBER 2011</p>

Note: New updates are underlined.

GR RESTRUCTURING MASTER IMPLEMENTATION CHART
September 30, 2011

Attachment

No.	APPROVED RECOMMENDATIONS	STATUS	TARGET IMPLEMENTATION DATE
31	<ul style="list-style-type: none"> • Evaluating whether a comprehensive medical/mental health evaluation (approved in Phase One), and the resulting write-up would strengthen the SSI application, and, if so, refer the participant for an evaluation. • Making an appropriate decision about when to file the SSI application in order to increase the chance of approval, based on the participant's situation and the results of any assessments, medical documentation, and/or evaluation. 	<p>The responsible workgroup met on November 18, 2010. A meeting with a focus group comprised of community and SSI Advocates <u>was held in February 22, 2011, to review a new approach for the development of a GR SSIMAP Handbook to define guidelines for the SSI Advocates. A follow-up meeting will be held in December 2011 to finalize the GR SSIMAP Handbook.</u></p> <p>3. SOAR training has been completed. The last SOAR training session was held on September 30, 2010.</p> <p>4. SSA committed to provide training to DPSS staff. <u>On September 27 and October 3, 2011, SSA/DDSD provided training to GR SSIMAP Advocates and Contractors' clinicians.</u></p> <p>5. See update for Recommendation #8.</p>	<u>IMPLEMENTED OCTOBER 2011</u> <u>PARTIALLY IMPLEMENTED OCTOBER 2010</u> <u>IMPLEMENTED MAY 2011</u>
32	<p>3. Implementing the SSI/SSDI Outreach Access and Recovery (SOAR) principles and strategies.</p> <p>4. Seeking training from Social Security Administration for DPSS SSI advocates on SSI medical disability standards and case development.</p> <p>5. Developing the disability assessment and evaluation tools in consultation with medical/mental health professionals and experienced SSI advocates.</p> <p>Provide ancillary expenses for showers, shoes, clothes, etc., for those pursuing SSI, including a motel voucher for the night before an SSI appointment with California Department of Social Services or Social Security Administration, when needed to enable the participant to arrive on time.</p>	<p>A preliminary meeting with an internal DPSS focus group comprised of DPSS SSI Advocates to discuss the different ways of implementing the recommendation was held on June 23, 2010. The responsible workgroup meeting with all partners to discuss the project's course of action was held on June 24, 2010.</p> <p>The workgroup met on September 22, 2010 and December 7, 2010 to review the draft guidelines. Training was held in January 2011. Guidelines were released in May 2011.</p>	

Note: New updates are underlined

GR RESTRUCTURING MASTER IMPLEMENTATION CHART
September 30, 2011

Attachment

NO.	APPROVED RECOMMENDATIONS	STATUS	TARGET IMPLEMENTATION DATE
33	Collaborate with private medical facilities to retrieve medical and mental health records on behalf of GR participants to support their disability claim for SSI as part of the current DPSS-DHS homeless release project.	<p>Numerous attempts have been made to meet with the Hollywood Presbyterian and White Memorial hospitals but due to scheduling conflicts, a meeting has not been scheduled. However, both hospitals expressed interest in this project and agreed to meet to hear more details about the project.</p> <p>An official invitation for the Hospital Association of Southern California (HASC) to participate on the Record Retrieval Project has been sent to HASC. In a preliminary conversation with HASC administration, HASC expressed interest in the project. DPSS is waiting to hear from HASC for a firm meeting date to discuss this project in more detail.</p>	<u>MARCH 2012</u>
34	<p>Assist GR participants applying for SSI benefits by:</p> <ul style="list-style-type: none"> ▪ Identifying GR participants who are in need of mental health treatment to secure medical documentation needed to secure SSI; ▪ Subject to funding, providing mental health treatment to those participants; ▪ Prioritizing mental health services for GR participants who need to pursue SSI; ▪ Documenting those who cannot be treated due to lack of funding; ▪ Ensuring cost recoupment from retroactive Medi-Cal; ▪ Assessing current procedures for providing mental health treatment to GR participants; and ▪ Recommending changes to better keep participants engaged in treatment. 	<p>The first meeting with the responsible workgroup to discuss the protocols for this project was held on June 23, 2010.</p> <p>A second workgroup meeting was held on September 7, 2010. DMH, DPH, and Advocate representatives were present. The group discussed the recommendation and how to identify the participants in need of treatment to secure SSI and the need to document those who cannot be treated due to lack of funds. Some suggestions were made, but the lack of available funding was a barrier. A third workgroup meeting was held in October 2010.</p> <p>An internal meeting was held with CEO, DPSS, DMH and DHS in March 2011.</p>	<u>JANUARY 2012</u>
35	DPSS SSI Advocates should provide case management that will help GR SSI applicants keep track of appointments.	A preliminary meeting with an internal DPSS focus group comprised of DPSS SSI Advocates was held on June 23, 2010, to discuss different ways of implementing the recommendation. The responsible workgroup meeting	<u>FEBRUARY 2012</u>

Note: New updates are underlined

GR RESTRUCTURING MASTER IMPLEMENTATION CHART
September 30, 2011

Attachment

NO.	APPROVED RECOMMENDATIONS	STATUS	TARGET IMPLEMENTATION DATE
35		<p>with all partners to discuss the project's course of action was held on June 24, 2010.</p> <p>The workgroup generated recommendations which are currently under review and will be released via the GR SSIMAP Handbook.</p>	<p>A workgroup meeting was held on November 18, 2010 to redefine the scope of the recommendation. The recommendation was expanded to allow advocates to do more case management activities. The meeting resulted in identifying more case management activities. They will be incorporated into the GR SSIMAP Handbook. A follow-up meeting will be held in December 2011 to finalize the GR SSIMAP Handbook.</p>
36	<p>Pursue a pilot to coordinate ongoing health and mental health treatment for GR participants pursuing SSI, dependent upon available funding.</p>	<p>The first meeting with the responsible workgroup to discuss the protocols for this project was held on June 23, 2010.</p> <p>The workgroup met again on September 7, 2010 to discuss pursuing the recommended pilot. The group discussed the lack of available funding and the possibility of a pilot in an area that has both a DHS health clinic and a DMH mental health facility in close proximity. A third workgroup meeting was held in October 2010.</p> <p>DPSS is exploring a partnership with Skid Row Housing Trust (SRHT). SRHT is a permanent supportive housing provider in downtown Los Angeles that currently operates 1,500 apartments, the majority of which are for homeless individuals.</p>	<u>JANUARY 2012</u>
37	<p>Strengthen current process to identify GR participants who were previously on SSI and prioritize SSI advocacy for them.</p>	<p>A preliminary meeting with an internal DPSS focus group comprised of DPSS SSI Advocates was held on June 23, 2010, to discuss different ways of implementing the recommendation. The responsible workgroup meeting</p>	<u>FEBRUARY 2012</u>

Note: New updates are underlined

GR RESTRUCTURING MASTER IMPLEMENTATION CHART
September 30, 2011

Attachment

NO.	APPROVED RECOMMENDATIONS	STATUS	TARGET IMPLEMENTATION DATE								
37		with all partners to discuss the project's course of action was held on June 24, 2010. DPSS is in the process of finalizing the guidelines for SSI Advocates. The responsible workgroup met on December 7, 2010. The <u>guidelines will be incorporated into the SSIMAP Handbook. A follow-up meeting will be held in December 2011 to finalize the GR SSIMAP Handbook.</u>									
38	Establish the following targets for SSI Approvals: 1. For SSI applications filed in FY 10/11 and ongoing, increase the SSI approval rate at the initial application level to at least 50% in FY 10/11, to at least 60% in FY 11/12, and to at least 70% in FY 12/13. 2. For the overall number of SSI approvals, increase the number of SSI approvals as follows: FY FY FY 2010-09 2011-12 2012-13 Baseline Target Target 5,891 6,400 6,900 7,400	The workgroup meeting to discuss different ways of accomplishing the targets for SSI approvals was held on June 24, 2010. After all of the GR recommendations are implemented, the Advocates believe that they will have additional tools to enhance services to participants and to assist with more complete applications being submitted to SSA for SSI approval. The SSI targets were reiterated in the GR SSIMAP bi-monthly Newsletter and at the SSI Advocates Quarterly meeting.	IMPLEMENTED JUNE 2010 AND ONGOING								
39	Address/fix non-disability related SSI eligibility issues such as citizenship documentation, birth certificate, etc.	PERFORMANCE DATA SSI Approvals <table> <tr> <td><u>Time Period</u></td> <td></td> </tr> <tr> <td>FY 2010-11</td> <td>8,380</td> </tr> <tr> <td>FY 2011-12 First quarter</td> <td>2,060</td> </tr> <tr> <td>Cumulative Total</td> <td><u>10,440</u></td> </tr> </table>	<u>Time Period</u>		FY 2010-11	8,380	FY 2011-12 First quarter	2,060	Cumulative Total	<u>10,440</u>	The responsible workgroup meeting with all partners was held on June 24, 2010. A second Workgroup meeting was held on August 29, 2010. The SSI Advocates exchanged valuable tips on how to resolve non-disability SSI eligibility issues. We are <u>FEBRUARY 2012</u>
<u>Time Period</u>											
FY 2010-11	8,380										
FY 2011-12 First quarter	2,060										
Cumulative Total	<u>10,440</u>										

Note: New updates are underlined

GR RESTRUCTURING MASTER IMPLEMENTATION CHART
September 30, 2011

Attachment

No.	APPROVED RECOMMENDATIONS	STATUS	TARGET IMPLEMENTATION DATE
39		<p>currently drafting a document to show how non-disability issues may be addressed. This document will be shared with DPSS line staff.</p> <p>Document was drafted and presented during Workgroup meeting on December 2, 2010. The Workgroup provided valuable input. A document is in the process of modification to reflect the Workgroup's input. Document is to be part of GR SSIMAP Handbook. A follow-up meeting will be held in December 2011 to finalize the GR SSIMAP Handbook.</p>	<u>IMPLEMENTED AUGUST 2010</u>
40	Strengthen existing relationships with the Social Security Administration.	<p>An upper level management meeting with the Social Security Administration, Veterans Administration, CEO and various County Departments was held on June 22, 2010. The purpose of the meeting was to stress the importance of collaboration among departments for the successful implementation of the GR Restructuring projects.</p> <p>A meeting attended by SSA, Disability Determination Services Division (DDSD), and DPSS staff was held on August 21, 2010, to strategize ways of helping more GR Participants transition to SSI. The three agencies committed to collaborate with each other to meet their objective of increasing the number of SSI approvals among GR participants. Agencies agreed to meet quarterly to discuss progress made.</p>	<u>IMPLEMENTED AUGUST 2010</u>
41	Implement a transportation pilot project to evaluate the impact of providing monthly bus passes to two groups of GR participants to determine whether providing bus passes (instead of individual tokens) increases their likelihood of approval for SSI:	<p>A meeting with the responsible workgroup to discuss the project's course of action was held on June 24, 2010.</p> <p>A second workgroup meeting was held on September 22, 2010, to review the draft guidelines for the pilot.</p> <p>A third workgroup meeting was held on December 7, 2010, to determine the District Offices for the pilot and the method of issuance for the pilot. A fourth meeting was</p>	<u>MARCH 2012</u>

Note: New updates are underlined

GR RESTRUCTURING MASTER IMPLEMENTATION CHART
September 30, 2011

Attachment

No.	APPROVED RECOMMENDATIONS	STATUS	TARGET IMPLEMENTATION DATE
41	<p>The pilot will consist of 200 GR participants. Each participant will contribute \$10 per month toward the cost of the bus pass.</p> <p>Results will be compared after one year of the pilot. If providing bus passes is shown to be a good method of helping participants obtain approval of SSI benefits more quickly, DPSS will then explore ways of providing them to more participants.</p>	<p>held in January 2011 to determine the valid survey reports needed and logistics of implementation based on availability of monthly bus pass issuance from the Transit Access Pass card program that the Auditor-Controller is negotiating with the Los Angeles Metropolitan Transportation Authority.</p>	
42	<p>Reconstitute the GR Restructuring Workgroup as the GR Restructuring Steering Committee to meet quarterly to do the following:</p> <ul style="list-style-type: none"> ▪ Work together on the implementation process; ▪ Review evaluation data and make recommendations for any adjustments to processes or targets; and ▪ Identify and pursue opportunities for GR service integration. 	<p>All GR Restructuring Workgroup members were invited to be part of the specific workgroups for the individual recommendations.</p> <p>The first quarterly meeting of the GR Restructuring Steering Committee was held on July 27. The group was given a status update on each of the 42 recommendations.</p> <p>The Workgroup continues to meet on a quarterly basis.</p>	<p>IMPLEMENTED JUNE 2010</p>

(Updated 12/8/11)

Note: New updates are underlined

GR RESTRUCTURING MASTER IMPLEMENTATION CHART
September 30, 2011

Attachment

GR CASELOAD CHARACTERISTICS								
Month/Year	Total Aided Persons	% Change from Previous Month	Employable	Unemployable	Average Age		Male	Female
					E	U		
July	2010	101,683	40,244	61,439	33	43	67,576	34,107
August	2010	102,982	1.3%	41,087	61,895	33	43	68,395
September	2010	104,057	1.1%	41,380	62,677	33	43	68,997
October	2010	104,042	0.0%	40,919	63,123	33	43	69,088
November	2010	104,969	0.9%	40,145	64,824	33	43	69,695
December	2010	107,452	2.4%	44,242	63,210	33	43	71,520
January	2011	108,951	1.4%	45,452	63,499	34	43	72,534
February	2011	106,390	-2.4%	44,622	61,768	34	43	70,733
March	2011	109,212	2.6%	46,250	62,962	34	43	72,709
April	2011	109,305	.08%	47,930	61,375	34	43	72,885
May	2011	109,062	-22%	40,873	68,189	34	43	72,631
<u>June</u>	<u>2011</u>	<u>111,018</u>	<u>1.79%</u>	<u>43,431</u>	<u>67,587</u>	<u>33</u>	<u>43</u>	<u>73,886</u>
<u>July</u>	<u>2011</u>	<u>112,308</u>	<u>1.15%</u>	<u>46,692</u>	<u>65,616</u>	<u>34</u>	<u>43</u>	<u>74,516</u>
<u>August</u>	<u>2011</u>	<u>113,344</u>	<u>.92%</u>	<u>50,774</u>	<u>62,570</u>	<u>34</u>	<u>43</u>	<u>75,176</u>
<u>September</u>	<u>2011</u>	<u>112,898</u>	<u>-.40%</u>	<u>51,974</u>	<u>60,924</u>	<u>34</u>	<u>43</u>	<u>74,790</u>
								<u>38,108</u>

Note: New updates are underlined

GR RESTRUCTURING MASTER IMPLEMENTATION CHART
September 30, 2011

Attachment

GR OUTCOMES					
Month/Year	JOB PLACEMENTS		SSI APPROVALS		Cumulative FY 2010/11
	Monthly	Cumulative FY 2010/11	Monthly	Cumulative FY 2010/11	
July	2010	1,234	1,234	598	598
August	2010	1,512	2,746	691	1,289
September	2010	1,562	4,308	639	1,928
October	2010	1,353	5,661	611	2,539
November	2010	1,303	6,964	664	3,203
December	2010	1,231	8,195	854	4,057
January	2011	1,115	9,310	671	4,728
February	2011	1,132	10,442	646	5,374
March	2011	1,389	11,831	691	6,065
April	2011	1,362	13,193	819	6,884
May	2011	1,354	14,547	865	7,749
June	2011	1,535	16,082	631	8,380

GR OUTCOMES					
Monthly	JOB PLACEMENTS		SSI APPROVALS		Cumulative FY 2011/12
	Cumulative FY 2011/12	Monthly	Monthly	Cumulative FY 2011/12	
July	2011	1,309	1,309	687	687
August	2011	1,584	2,893	794	1,481
September	2011	1,563	4,456	579	2,060

Note: New updates are underlined

GR RESTRUCTURING MASTER IMPLEMENTATION CHART
September 30, 2011

Attachment

SUCCESS STORIES	
<u>Recommendation</u>	<u>Success Story</u>
#5 - Expanded Housing Subsidy	<p>Mr. S was unemployed and homeless when he applied for the General Relief Housing Subsidy and Case Management Project (GRHSCMP). Mr. S was approved and found affordable housing through the Project. (ADD WHEN HE SECURED HOUSING) Mr. S was also actively engaged in the GROW Program, which assisted him with his goal to get back in the workforce. Mr. S was able to attend job training and he was also able to keep looking for jobs once he had a place to live. On 2/25/11, Mr. S contacted his Housing Case Manager (HCM) to express how excited he was because he had secured full-time employment as a truck driver on 2/28/11. He spoke with pride and gratitude of this employment with a starting salary of \$16+ per hour, plus benefits. Mr. S. is now self-sufficient.</p> <p>Mr. B was able to move into his own place in April 2010 with the assistance he received from the GRHSCMP. Mr. B had a history of being chronically homeless. The HCM provided intensive case management and assisted Mr. B to ensure he would not miss any of his SSI follow-up appointments. On 3/4/11, the GR HCM received a notice that Mr. B had been approved for SSI. Mr. B was very grateful for the good news and he expressed his gratitude for all of the help the Project had provided. Mr. B. has exited the GR Program since he has secured his federal disability benefits, which allow him to pay his own rent.</p>
#8 - Enhanced Disability Assessments and Evaluations	<p>Prior to his most recent physical assessment by St. John's Well Child A Family Center (JWCH), a County contractor, Mr. K. a GR participant, had been medically assessed and found to be temporarily disabled due to a bad back. However, Mr. K's latest medical assessment by the County contractor resulted in a diagnosis of schizophrenia, a condition that had not been identified previously. Consequently, Mr. K was referred for mental health treatment and SSI advocacy assistance through the GR program. Mr. K was very grateful to GR, medical and mental health staff for the thorough job they did and for identifying his condition which make him potentially eligible for SSI benefits.</p> <p>On October 5, 2011, JWCH, Inc. CEO shared that a participant came into their office that very morning for a disability assessment. As the disability assessment began, the examining physician asked him to remove his shirt. As the participant removed his shirt the physician said to the GR participant, "you have advanced AIDS." Participant replied, "I never wanted to know." They rushed him to a local hospital and he was entered into the ICU. Later, they followed-up on the status of the participant and JWCH staff were informed if this participant had not received treatment he would have died within the next three weeks. JWCH CEO stated, "so we are making a difference."</p>

Note: New updates are underlined

GR RESTRUCTURING MASTER IMPLEMENTATION CHART

September 30, 2011

Attachment

SUCCESS STORIES	
<u>Recommendation</u>	<u>Success Story</u>
#12 – Enhanced Employment Services to Veterans	<p>Mr. B. is an older veteran who had overcome a substance abuse problem and other personal challenges in the past. He knew that he was trying to find employment in one of the toughest job markets, but he was extremely motivated and positive.</p> <p>Mr. B. informed his GROW Case Manager (GCM) that he had electronically applied for various positions through the Employment Development Department. Most of his experience was in carpentry and he wanted to focus on this field, but he also had experience as a Warehouse Driver and ended up applying for a Warehouse Driver position.</p> <p>During a GROW site visit, his GCM informed Mr. B. about a Groundskeeper Training Program at the Veteran's Administration (VA). The GCM also provided Mr. B. with a list of the 50 most common employment interview questions to enhance his interview skills.</p> <p>A few weeks later, Mr. B. told his GCM that he had been accepted to the VA Groundskeeper Training Program; he needed transportation and assistance with ancillary expenses. His GCM was very excited about Mr. B.'s success and issued transportation and ancillary payments.</p> <p>Mr. B. did very well in his training and as his graduation date approached, Mr. B. and his GCM looked forward to having the VA offer him a permanent position as a Groundskeeper.</p> <p>A couple of weeks later, Mr. B. informed his GCM's office that he was hired permanently as a Groundskeeper by the VA, and would be earning \$14.50 per hour with full benefits.</p>
#12 – Provide GROW Services to Volunteers	<p>When Mr. A. applied for GR at the Rancho Park District, he was assessed as unemployable, during the GR intake process. Therefore, he was exempted from participation in the GROW Program. However, during a conversation with his Eligibility Worker (EW), he mentioned that he wanted to work and requested assistance with finding employment.</p> <p>His EW informed Mr. A. about the new Volunteers for GROW Project, and with the assistance of the GROW Supervisor, Mr. A. was expeditiously enrolled in the GROW Program.</p> <p>Mr. A. was determined to find employment and under the guidance of his GCM, he started an intensive job search, which resulted in permanent full-time employment at the Panda Express restaurant.</p> <p>Mr. A. is no longer on GR and stated that he is very happy with his new job. He is an excellent example of a self-motivated GROW participant who took advantage of our caring GROW team and the exceptional services they provide.</p>

Note: New updates are underlined

GR RESTRUCTURING MASTER IMPLEMENTATION CHART
September 30, 2011

Attachment

GROW PROJECTS
STATISTICAL INFORMATION

PROJECT NO.	GROW POPULATION	GROW COMPONENTS		NUMBER COMPLETED	NUMBER PLACEMENTS
		NUMBER REFERRED IN REPORTING QUARTER	NUMBER ENROLLED IN REPORTING QUARTER		
<u>12.A</u>	<u>TAY</u>				
	<u>Pathways to Success</u> <u>(Customized Job Club)</u>	86	46	58	25
	<u>Computer Application</u>	<u>14</u>	<u>13</u>	<u>15</u>	<u>8</u>
	<u>MSARP</u>	<u>209</u>	<u>243</u>	<u>236</u>	<u>273</u>
<u>15</u>	<u>WIA COLLABORATION</u>	<u>271</u>	<u>120</u>	<u>120</u>	<u>27</u>
<u>16</u>	<u>GED</u>	<u>146</u>	<u>125</u>	<u>182</u>	<u>49</u>
	<u>LITERACY</u>	<u>120</u>	<u>108</u>	<u>158</u>	<u>49</u>

PROJECT NO.	GROUP	PRIORITY POPULATION		
		NUMBER ENROLLED		
<u>12.A</u>	<u>VETERANS</u>	<u>196</u>		
<u>12.B/C</u>	<u>VOLUNTEERS</u>	<u>28</u>		<u>7</u>
<u>12.D</u>	<u>PROBATION TAY</u>	<u>1,297</u>		
<u>21</u>	<u>DCFS TAY</u>	<u>195</u>		

* Tracking on placements for these groups is under development. Target completion date is February 2012.



County of Los Angeles CHIEF EXECUTIVE OFFICE

Kenneth Hahn Hall of Administration
500 West Temple Street, Room 713, Los Angeles, California 90012
(213) 974-1101
<http://ceo.lacounty.gov>

WILLIAM T FUJIOKA
Chief Executive Officer

March 22, 2012

Board of Supervisors
GLORIA MOLINA
First District

MARK RIDLEY-THOMAS
Second District

ZEV YAROSLAVSKY
Third District

DON KNABE
Fourth District

MICHAEL D. ANTONOVICH
Fifth District

To: Supervisor Zev Yaroslavsky, Chairman
Supervisor Gloria Molina
Supervisor Mark Ridley-Thomas
Supervisor Don Knabe
Supervisor Michael D. Antonovich

From: William T Fujioka
Chief Executive Officer

WFQH

GENERAL RELIEF RESTRUCTURING PLAN: QUARTERLY UPDATE

This is to provide a report on the progress of the implementation of the General Relief (GR) Restructuring Plan.

On April 24, 2009, on a motion by Supervisor Knabe, your Board instructed the Chief Executive Officer (CEO), in collaboration with the Department of Public Social Services (DPSS), and in consultation with County Counsel, to design a potential GR Program that will better assist GR participants, with the expectation that more of these individuals would be able to transition off of County assistance. In response, the GR Restructuring Workgroup (RW), consisting of 11 County departments and ten stakeholders, was convened. On February 9, 2010, your Board approved the comprehensive plan to restructure the GR Program. This plan consisted of 42 recommendations designed to reduce the GR caseload over time by focusing services on housing assistance, Supplemental Security Income (SSI) advocacy, and employment preparation.

The GR RW members were invited to participate in various workgroups that were convened by DPSS to assist in the implementation of the plan. DPSS conducted numerous internal meetings. In addition, our office conducted meetings with DPSS and other County departments and community stakeholders to discuss the implementation of the various GR restructuring projects. As a result of the great support and collaboration from the different partners, 23 GR Restructuring Recommendations have already been implemented, of which 19 are fully implemented. Substantial progress has been made on numerous additional recommendations.

"To Enrich Lives Through Effective And Caring Service"

**Please Conserve Paper – This Document and Copies are Two-Sided
Intra-County Correspondence Sent Electronically Only**

Each Supervisor
March 22, 2012
Page 2

PERFORMANCE DATA ON KEY GR RESTRUCTURING PROJECTS

- Recommendation No. 5 - Expansion of the Housing Subsidy Project (HSP)

The GR Housing Subsidy Program has a total of 1,540 slots. The slots will increase over time, as funding becomes available through the GR Anti-Homelessness Account. Currently, there are 1,216 individuals receiving a housing subsidy and 504 subsidies pending approval.

- Recommendation No. 8 - Mental Health and Health Disability Assessments

Mental Health Assessments

Department of Mental Health (DMH) reported that in December 2011, its Clinicians saw 1,311 participants and determined that 1,215 of them have a mental health disability, of which 341 have a permanent mental health disability. This translates into 28.1 percent of individuals assessed as having a permanent mental health disability, compared to only 1.5 percent under the prior, more cursory mental health screening conducted by non-licensed DMH staff. As a result, more GR participants are determined to be potentially eligible for SSI and provided SSI advocacy services; if approved for SSI, these individuals will exit GR. Through December 2011, DMH Clinicians reported that of the 13,270 participants seen, 12,560 have a mental health disability, and 3,207 (or 25.5 percent) of these have a permanent mental health disability.

Physical Health Disability Assessments

The Physical Health Disability Assessment is a medical assessment conducted by Federally Qualified Health Centers (FQHCs) for GR participants deemed employable.

As of November 30, 2011, FQHCs reported that 45,566 GR participants had been seen. Of these, 1,438 participants were determined to be employable and were referred to the General Relief Opportunities for Work (GROW) Program, 37,900 were temporarily unemployable, 1,404 are classified as permanently unemployable and were referred to SSI advocacy services, 4,770 employable with accommodations and 54 unemployable with accommodations and referred to the GROW Program. Individuals classified as "Temporarily Unemployable" will be reassessed once their temporary disability expires. Individuals classified as "Employable with Accommodations" are employable, but need certain accommodations in order to work or have certain limitations/restrictions in the type of

Each Supervisor
March 22, 2012
Page 3

work they can perform. Individuals determined to be "Unemployable with Accommodations/Restrictions" may volunteer to participate in GROW.

- Recommendation No. 9 - Record Retrieval Project

This project requires collaboration between DPSS, Department of Health Services (DHS), DMH, and Los Angeles Sheriff Department (LASD) to retrieve medical and mental health records on behalf of GR participants to support their disability claim for SSI. Since inception of the project in August 2010, DPSS has received a total of 1,978 sets of medical records from DMH, DHS, and LASD. DPSS is currently working with Social Security Administration to determine the SSI approval rate.

- Recommendation No. 12 - Enhancement of GROW Services

From July 1, 2010 through December 31, 2011, 25,054 individuals have been successfully placed on a job through the GROW Program. Of this number of job placements, 16,082 took place in Fiscal Year (FY) 2010-11, and 8,972 in the first two quarters of FY 2011-12.

- Recommendation No. 38 - SSI Approval Targets

From July 1, 2010, through December 31, 2011, 12,284 individuals have been successfully approved for SSI due to SSI Advocacy efforts. Of this number of SSI approvals, 8,380 occurred in FY 2010-11, and 3,904 in the first two quarters of FY 2011-12.

An update on all 42 GR restructuring projects is provided on the attached GR Restructuring Master Implementation Chart (Attachment A). In addition, following the update of the 42 objectives are success stories from various projects. Furthermore, we have included an update on Recommendation No. 3 from the February 9, 2010 GR Restructuring Board Letter (Attachment B), which addresses development of a plan to integrate services for GR participants who are severely mentally ill, receiving a GR housing subsidy, and pursuing SSI.

We will provide the next quarterly report in May 2012.

Each Supervisor
March 22, 2012
Page 4

If you have any questions, or require additional information, please contact Antonia Jiménez at (213) 974-7365 or via e-mail at ajimenez@ceo.lacounty.gov.

WTF:AJ:DS
JB:SF:ljp

Attachments

c: Executive Office, Board of Supervisors
County Counsel
Children and Family Services
Community and Senior Services
Health Services
Mental Health
Probation
Public Defender
Public Health
Public Social Services
Sheriff's Department

GR Restructuring Plan-Quarterly Update-March 2012

GR RESTRUCTURING MASTER IMPLEMENTATION CHART
December 31, 2011

Attachment A

NO.	APPROVED RECOMMENDATIONS	STATUS	TARGET IMPLEMENTATION DATE
1	<p>Subject to applicable confidentiality requirements, use the Adult Linkages Project mechanism to identify the County service history of GR applicants/participants, so that applicants/participants can be offered services that take into account the totality of their individual circumstances.</p>	<p>The Chief Executive Office (CEO) approved funding for the one-time cost implementation of this recommendation. CEO-SIB is currently working with SAS (contractor), DPSS, and County Counsel to develop the system that will be used by DRSS eligibility staff to access real time service utilization records for GR applicants/participants.</p> <p>On November 16, 2010, the Board of Supervisors approved the Enterprise Linkage Project (ELP), and an agreement with SAS Institute as the contractor for implementing this expansion of the Adult Linkages Project (ALP). A draft Master Memorandum of Agreement (MOA) between the CEO and the eight County departments, who will be sharing data for this project, was distributed for review and comments. Kick-off meeting was held on February 9, 2011.</p> <p>The ELP core Workgroup meets bi-weekly to discuss implementation of the project. ELP participating County departments were present at the initial kick-off Workgroup meeting. The ELP vendor (SAS) holds weekly conference calls with CEO and DPSS to provide updates and obtain clarification on the system design. Additionally, the MOA with the participating departments was executed on September 9, 2011. At this point, the Department of Children and Family Services' (DCFS) records, Adult Protective Services records from the Department of Community Senior Services (CSS), and juvenile probation records from Probation Department will be excluded from ELP due to legal issues with confidentiality. Only deidentified data from these departments will be included for purposes of data analysis and program design.</p> <p><u>The CEO continues to work with County Departments to collect service history data needed for ELP. The data is needed by SAS to start ELP User testing by the end of February or early March. An initial ELP user group has been identified</u></p>	<u>APRIL 2012</u>

Note: New updates are underlined

GR RESTRUCTURING MASTER IMPLEMENTATION CHART
December 31, 2011

Attachment A

NO.	APPROVED RECOMMENDATIONS	STATUS	TARGET IMPLEMENTATION DATE
1	and scheduled for training the second week of February. The training will begin the process of collecting the ELP Authorization forms needed for ELP user testing. The ELP vendor, SAS, continues to design and finalize the ELP computer system based on the ongoing recommendations made by the ELP workgroup.	JUNE 2012	<u>MAY 2012</u>
2	The County should develop an innovative service integration model that can support County departments, other governmental entities, and community partners in concurrently serving a shared clientele.	Research is still pending on this project.	
3	<p>Increase integration of services between the Sheriff's Department and DPSS by:</p> <ul style="list-style-type: none"> A. Developing a plan to enhance the current County jail match to identify individuals who are incarcerated and have a linkage to GR benefits, to provide pre- and post-release services and SSI Advocacy that will assist with their re-entry into society. B. Assessing the DPSS/Sheriff's Homeless Release Project to determine its effectiveness. C. Implementing a review protocol to determine whether any outstanding warrants remaining on the GR/SSI applicant's record should be cleared, recalled or withdrawn. D. Ensuring that probation, parole, and other warrants that should have been satisfied by a GR/SSI applicant's stay in jail have been withdrawn or recalled. E. Appointing a liaison for individuals with outstanding warrants whom advocates and County employees can contact directly to: (1) inquire about the underlying reason and validity of a warrant and (2) assist the SSI advocate in "clearing up" the warrant. F. Referring disabled individuals exiting jail who apply 	<p>The designated workgroup includes DPSS, Sheriff, Public Defender and a representative from the Public Social Services (PSS) Commission.</p> <ul style="list-style-type: none"> • Los Angeles Sheriff Department (LASD) has identified that a Custody Assistant (CA) will ensure that all inmates being identified for this project are cleared through their system to ensure that warrants are resolved prior to the inmates' release. This will be done through the Community Transition Re-Entry Center. <u>The Community Transition Re-Entry Center, located at the Twin Towers, will provide resources to newly released inmates as they transition into the community.</u> • DPSS and LASD are working to identify additional data fields for the jail match listing to ensure more matches. The Chief Executive Office (CEO), Service Integration Branch (SIB), has agreed to run the jail match on "Dataflux" software to see if matches can be enhanced. <u>We are awaiting a LEADER modification to enhance the Jail Match and expect to implement the change by May 2012.</u> • CEO/SIB was successful in enhancing the jail match with new parameters used on Dataflux. DPSS will use the same parameters and test to see if results are as successful as 	

Note: New updates are underlined

GR RESTRUCTURING MASTER IMPLEMENTATION CHART
December 31, 2011

Attachment A

NO.	APPROVED RECOMMENDATIONS	STATUS	TARGET IMPLEMENTATION DATE
3	<p>for GR to a SSI advocate/liaison, in order to re-establish SSI benefits and work with agencies (i.e., probation, parole, public defender, courts, etc.) to recall existing warrants.</p> <p>G. Referring disabled individuals exiting jail who do not have SSI benefits to GR SSIMAP for benefits establishment.</p>	<p>CEO/SIB. LASD/DPSS and CEO staff met with Social Security Administration (SSA) staff to clarify SSA's role in this project. Per SSA, no SSA staff will be co-located at the jails; however, SSA will provide training to LASD's Community Transition Unit (CTU) in filling out SSI applications.</p> <ul style="list-style-type: none"> • SSA provided training to LASD's Community Transition Unit in filling out the SSI application. 	
4	<p>Encourage police agencies to make social services referrals for the homeless and connect them with resources, rather than issuing citations.</p>	<p>A meeting was held on June 17, 2010, with the Long Beach Police Department, L.A. County Sheriff's Department and Community partners.</p> <p>The Long Beach Police Department and LASD provided an overview of their services to the homeless population.</p> <p>At the April 2011 meeting with LASD/DPSS and CEO staff, a document that serves as a resource guide to homeless inmates in need of social services was introduced by LASD.</p> <p>LASD has confirmed that the resource guide is being distributed to homeless inmates as they are being released from jail.</p>	<p>MARCH 2012</p>
5	<p>Enhance Subsidized Housing by:</p> <p>5</p> <p>A. Increasing the total number of housing subsidies to 10,000 by December 2014.</p>	<p>The following key points were implemented in the Administrative Directive which was released to Project staff on August 2, 2010, for instructions and procedures:</p> <p>A. The GR Housing Subsidy Pilot has been expanded to include an additional 640 housing subsidy slots, bringing the total slots from 900 to 1,540. The current implementation plan projects to increase the housing subsidies based on the savings generated by GR participants who receive a housing</p>	

Note: New updates are underlined

GR RESTRUCTURING MASTER IMPLEMENTATION CHART
December 31, 2011

Attachment A

NO.	APPROVED RECOMMENDATIONS	STATUS	TARGET IMPLEMENTATION DATE
5	<p>B. Increasing the number of housing subsidies for homeless disabled GR participants pursuing, or willing to pursue, SSI and/or veterans benefits, so that 100% of homeless disabled GR participants pursuing SSI and/or veterans benefits are offered a housing subsidy within five years.</p> <p>C. Increasing the number of housing subsidies for homeless, employable GR participants.</p> <p>D. As in the current GR Housing and Case Management Project:</p> <ul style="list-style-type: none"> a. Subsidized housing itself should not be time-limited, allowing people to stay as permanent residents, after they start receiving outside income and can pay for their housing. b. The housing subsidy should be encouraged, but not required. <p>E. Increasing the GR rental subsidy amount from \$300 to \$400 and reducing the participant's contribution from the grant from \$136 to \$100, so the total amount available for rent will be \$500.</p> <p>F. Pursuing federal reimbursement for housing subsidy payments made to employable GR participants through the CalFresh and Employment Training (CFET) fund at a rate of 50%; and pursuing reimbursement for housing subsidy payment made to GR participants who are approved for SSI through the Interim Assistance Reimbursement Program (IAR), at a rate of 100%.</p> <p>G. Reinvesting the money recouped from SSI (Interim Assistance Reimbursement for housing subsidies) in additional housing subsidies.</p>	<p>subsidy and exit GR with work or disability benefits.</p> <p>B. & C. The new 640 housing subsidies added to the Pilot were allocated as follows: 320 for GR employable participants and 320 for GR disabled participants pursuing SSI and/or veterans benefits.</p> <p>D. Incorporated in the implementation Administrative Directive.</p> <p>E. The GR Housing Subsidy amount was increased from \$300 to \$400 and the participant's contribution from the grant was reduced from \$136 to \$100. The new total amount available is \$500.</p> <p>F. & G. DPSS is internally working and has established procedures to pursue federal reimbursement for housing subsidy payments made to employable GR participants through CFET funding and to pursue reimbursement for housing subsidy payments made to GR participants who are approved for SSI through the IAR process. The money recouped from SSI will be reinvested in additional housing subsidies.</p>	IMPLEMENTED AUGUST 2010

Note: New updates are underlined

GR RESTRUCTURING MASTER IMPLEMENTATION CHART
December 31, 2011

Attachment A

NO.	APPROVED RECOMMENDATIONS	STATUS	IMPLEMENTATION DATE
5	<p>H. Recruiting participants for the Housing Subsidy and Case Management Program during the GR intake process and making additional efforts throughout the course of case management to encourage participants to remain in the Housing Subsidy and Case Management Program and identify causes of participants dropping out of the subsidy.</p>	<p>H. Two training sessions were conducted on July 15, 2010, to provide Project staff, intake and approved eligibility staff, GROW Case Managers and SSI Advocates with the new procedures on the expansion of the Housing Subsidy Pilot Program.</p> <p>August 2, 2010, the final approved Administrative Directive was released and the expansion of the Housing Subsidy Pilot Program was implemented.</p> <p>The GR Housing Subsidy Program currently has a total of 1,540 slots.</p> <p>Currently, there are 1,216 individuals receiving a housing subsidy, of whom, 1,030 are receiving the higher subsidy amount of \$400, which took effect in August 2010. The remaining 186 participants continue to receive the lower \$300 subsidy, because they began receiving the subsidy prior to August 2010.</p>	<p>We learned of a decision by United States Department of Agriculture to limit CFET claiming for housing assistance to employable GR participants to two months per Federal Fiscal Year. As a result, the number of subsidies allocated to the GR employable category has been reduced from 50% of the total number of allocated subsidies to 25%. The number of active GR employable subsidies as of <u>December 31, 2011</u>, is 285. With the implementation of this change, project staff began suspending the approval of any new subsidies for this category until the total number of active subsidies is below the 25% allocation (385). The subsidies that become vacant due to disengagement are being allocated to the GR disabled participants pursuing SSI or Veterans Benefits.</p>

Note: New updates are underlined

GR RESTRUCTURING MASTER IMPLEMENTATION CHART
December 31, 2011

Attachment A

NO	APPROVED RECOMMENDATIONS	STATUS	TARGET IMPLEMENTATION DATE						
5	<p align="center">PERFORMANCE DATA</p> <p>As of December 31, 2011:</p> <table> <tr> <td>Total housing subsidy slots</td> <td align="right"><u>1,540</u></td> </tr> <tr> <td>Individuals receiving housing subsidy</td> <td align="right"><u>1,216</u></td> </tr> <tr> <td>Pending applications</td> <td align="right"><u>504</u></td> </tr> </table> <p>For the quarter of September 2011 through December 2011, the GR Housing Subsidy and Case Management Project placed 296 homeless GR participants into housing.</p>	Total housing subsidy slots	<u>1,540</u>	Individuals receiving housing subsidy	<u>1,216</u>	Pending applications	<u>504</u>	<p>DPSS has received guidance from County Counsel on assessing the feasibility of implementing Master Leasing.</p> <p>We are developing a questionnaire to use with Board & Care facilities to inquire if they may be interested in master leasing.</p>	JUNE 2012
Total housing subsidy slots	<u>1,540</u>								
Individuals receiving housing subsidy	<u>1,216</u>								
Pending applications	<u>504</u>								
6	<p>Implement a pilot project (subject to a cost benefit analysis) by master leasing and/or purchasing foreclosed apartment buildings and/or multi-family housing units and/or dorm-like housing to be provided for the indigent homeless population. This housing should be owned and/or operated by a non-profit housing developer and/or homeless service provider with expertise in managing housing with services.</p>	<p>Address supportive housing needs by:</p> <p>A. Exploring housing options for mentally ill participants through City and County Housing Authorities and other smaller Housing Authorities throughout L.A. County.</p>	<p>A. DMH and DPSS staff held a pre-meet on April 27, 2010, to discuss possible housing experts and providers to be invited to assist with the implementation on this effort. A list of potential collaborative agencies was developed. The responsible workgroup met on June 24, 2010, to discuss the implementation plan for this project.</p> <p>A second workgroup meeting was held on August 4, 2010. A presentation on the Mental Health Services Act (MHSA) was made by Department of Mental Health (DMH) staff. Additionally, Los Angeles Homeless Services Authority (LAHSA) staff made a presentation on Project 50. MHSA, A Community of Friends and some local missions were identified as agencies that offer potential housing options to mentally ill GR participants who meet their criteria.</p>						
7			APRIL 2012						

Note: New updates are underlined

GR RESTRUCTURING MASTER IMPLEMENTATION CHART
December 31, 2011

Attachment A

NO.	APPROVED RECOMMENDATIONS	STATUS	IMPLEMENTATION DATE
7	B. Identifying and leveraging County funding for housing resources and related services that already receive county funding or support.	<p>B. Additionally, the group discussed the most viable projects and funding, which currently have housing slots available. All of the projects identified have limited funding. However, A Community of Friends, which is funded by the Community Development Commission (CDC), will be further explored.</p> <p>Project on target for implementation.</p> <p>DPSS is exploring partnership with Skid Row Housing Trust (SRHT). SRHT is a permanent supportive housing provider in downtown Los Angeles that currently operates 1,500 apartments, the majority of which are for homeless individuals.</p> <p>DPSS and DMH are collaborating to provide housing options for the mentally ill. The participants will be provided a Housing Subsidy Program and the \$500 subsidy will be leveraged with Full Service Partnership (FSP) funding to provide housing, treatment, and services for these participants. DMH will provide 100 FSP slots for GR participants.</p> <p>A CD containing a list of the entire GR caseload with dates of birth and Social Security numbers was provided to DMH on June 16, 2011. DMH staff compared this list with their list of individuals enrolled in a FSP slot looking for matches on both lists. In August 2011, DMH reported a total of 366 matches.</p>	<u>IMPLEMENTED</u> <u>MAY 2011</u>
8	Subject to detailed operational and fiscal planning during Phase Two of the GR Restructuring process, eliminate the current cursory employability/Needs Special Assistance (NSA) screening and replace it with a more extensive medical/mental health disability assessment performed by (1) DMH, (2) DHS or possibly DPH, and/or (3) DHS Public Private Partners (PPPs). For permanently disabled participants in need of SSI additional documentation to support their applications, a comprehensive medical/mental health evaluation would be performed. The extensive assessments and the comprehensive medical and mental health evaluations and write-ups will be funded	<p>Meetings were held with DMH and DHS regarding the implementation of the Disability Assessments/Comprehensive Evaluations.</p> <p><u>Mental Health Disability Assessment</u></p> <ul style="list-style-type: none"> • DMH completed hiring the 18 PSWs and was fully staffed by July 2011. • New mental health assessment training completed on October 28, 2010. All PSWs (a total of 18) were hired by DMH and <u>are now</u> working in the GR District Offices. • DMH staff began conducting the new mental health assessments on October 12, 2010, at Metro Special, 	<u>IMPLEMENTED</u> <u>MAY 2011</u>

Note: New updates are underlined

GR RESTRUCTURING MASTER IMPLEMENTATION CHART
December 31, 2011

Attachment A

NO.	APPROVED RECOMMENDATIONS	STATUS	IMPLEMENTATION DATE
8	with 50 - 75% new federal revenue.	<p>Metro East, San Fernando, Pasadena and Wilshire Offices.</p> <ul style="list-style-type: none"> DMH has expanded to all Districts on a staggered basis as of November 2011. DMH submitted staff roll-out plan on October 5, 2010. DMH reported that in December 2011, its Clinicians saw <u>1,311</u> participants and determined <u>1,215</u> of them to have a mental health disability, of which <u>341</u> have a permanent mental health disability. This translates into <u>28.1%</u> of individuals screened having a permanent mental health disability compared to only 1.5% prior to implementation. For December 2011, 25.2% were determined to be Permanent NSA, so the December rate is <u>3%</u> higher than in August, continuing the trend of an increasing rate of Permanent NSA diagnosis by the DMH PSWs. This means that more GR participants are determined to be potentially eligible for SSI and provided SSI advocacy services. The reported numbers above are all from the new DMH mental health assessments and do not include the cursory NSA screenings done by DPSS Social Workers when there is a need for more assessments than can be completed by the available DMH licensed staff. Through December 2011, DMH Clinicians reported that a total of <u>13,270</u> participants have been seen. Of these, <u>12,564</u> have been determined to have a mental health disability, and <u>3,207</u> (or <u>25.5 %</u>) of these were determined to have a permanent mental health disability. This compares to only 1.5% permanent designations prior to implementation. 	<p>PERFORMANCE DATA</p> <p>October 2011</p> <ul style="list-style-type: none"> Participants seen by DMH Clinicians <u>972</u> Participants determined NSA <u>906</u> Determined permanent NSA <u>246</u> Determined temporary NSA <u>660</u> Determined Not NSA <u>6</u>

Note: New updates are underlined

GR RESTRUCTURING MASTER IMPLEMENTATION CHART
December 31, 2011

Attachment A

NO.	APPROVED RECOMMENDATIONS	STATUS	IMPLEMENTATION DATE
		<p>November 2011</p> <ul style="list-style-type: none"> Participants seen by DMH Clinicians <u>1,171</u> Participants determined NSA <u>1,090</u> Determined permanent NSA <u>332</u> Determined temporary NSA <u>758</u> Determined Not NSA <u>80</u> <p>December 2011</p> <ul style="list-style-type: none"> Participants seen by DMH Clinicians <u>1,311</u> Participants determined NSA <u>1,215</u> Determined permanent NSA <u>341</u> Determined temporary NSA <u>874</u> Determined Not NSA <u>26</u> <p>As of <u>December 31, 2011:</u></p> <p><u>Participants seen</u> <u>13,270</u> <u>Participants determined to have a mental disability</u> <u>12,564</u> <u>Participants determined to have a permanent mental disability</u> <u>3,207</u></p> <ul style="list-style-type: none"> DMH staff began conducting the new mental health assessments on October 12, 2010, at Metro Special, Metro East, San Fernando, Pasadena and Wilshire Offices. County wide roll-out of the mental health assessments was completed in November 2011. <p><u>Mental Health Disability Comprehensive Evaluation</u></p> <ul style="list-style-type: none"> The workgroup first met to discuss mental health comprehensive evaluations on November 17, 2010. The workgroup held two additional meetings on January 25, 2011, and March 14, 2011. <p>The following DPSS Offices have been identified as suitable</p>	

Note: New updates are underlined

GR RESTRUCTURING MASTER IMPLEMENTATION CHART
December 31, 2011

Attachment A

NO.	APPROVED RECOMMENDATIONS	STATUS	TARGET IMPLEMENTATION DATE
8	<ul style="list-style-type: none"> • locations for the Comprehensive Evaluations: <ul style="list-style-type: none"> ◦ Civic Center District #14 ◦ GAIN Region I ◦ San Gabriel Valley District #20 ◦ Lancaster District #67 ◦ Pomona (GROW site) • DMH has drafted the evaluation tool. • DMH has submitted an annual budget for the Comprehensive Evaluations for \$390,020, including two Clinical Psychologists and a Staff Assistant. • A Meeting was held on June 14, 2011 with Fiscal staff from DMH and DPSS, and DPSS GR Program staff to discuss the financial component of the comprehensive evaluations. • Revised budgets were submitted by DMH in August and September. DPSS is in the process of reviewing the budget. • DPSS' Contract Management Division is now negotiating the <u>Letter of Commitment for the Comprehensive Evaluation with DMH</u>. • Estimated completion date is March 2012. 	<p><u>Medical Disability Assessment/Comprehensive Evaluations</u></p> <p>Subsequent to the Board's approval of this recommendation, the County Counsel for DHS determined that the medical disability assessments fall outside of the scope of the existing contracts with DHS' Public Private Partners (PPPs) and, thus, neither the medical disability assessments nor the comprehensive evaluations can be implemented through an amendment to current PPP contracts.</p> <p>DPSS released a Request For Information (RFI) in an effort to identify Federally Qualified Health Centers (FQHC) and/or FQHC-look-alikes to provide the Medical Disability Assessment/Comprehensive Evaluations Services. Nine agencies were identified as having interest in providing Medical Disability Assessment Services/Comprehensive Evaluations to the fourteen GR Districts starting May 16 for a 19-month period. DPSS is currently moving forward with</p>	

Note: New updates are underlined

GR RESTRUCTURING MASTER IMPLEMENTATION CHART
December 31, 2011

Attachment A

NO.	APPROVED RECOMMENDATIONS	STATUS	IMPLEMENTATION DATE						
8	<p>preparing a Board Letter seeking approval to extend the current contracts beyond the Dec 2012 termination date, pending a competitive procurement process which will be done through a Request for Proposals (RFP).</p> <ul style="list-style-type: none"> • Board Letter seeking delegated authority to execute contracts with nine FQHC was approved by the Board on April 12, 2011. • Contracts were <u>executed</u> in May 2011. • Implementation of the Physical Health Disability Assessment began on May 16, 2011. • Implementation of the Physical Health Comprehensive Evaluation is targeted for May 2012. • The "Employable with Accommodations" designation <u>was</u> implemented in August 2011. • DPSS made modifications to the LEADER System to add the new employability types, which will be used by the disability assessment contractors. The LEADER modifications went into effect on November 4, 2011. • DPSS and DHS met with the nine recommended Physical Disability Assessment/Comprehensive Evaluation Services providers on March 24, 2011, to discuss the transition plan, the draft assessment tool and scheduling capacity, and their agency's concerns. • Each agency has identified a liaison to work with DPSS staff on the revision and finalization of the disability assessment tool. The disability assessment tool and workgroup met on Tuesday, March 29, 2011. The assessment tool is now finalized. <p>In the month of March 2011, the previous contractor, QTC, conducted a total of 11,306 cursory employability screenings, which yielded the following results:</p> <table> <tr> <td>Employable</td> <td>571 (5.1%)</td> </tr> <tr> <td>Temporarily Unemployable</td> <td>10,629 (94%)</td> </tr> <tr> <td>Permanently Unemployable</td> <td>106 (0.9%)</td> </tr> </table>	Employable	571 (5.1%)	Temporarily Unemployable	10,629 (94%)	Permanently Unemployable	106 (0.9%)	IMPLEMENTED MAY 2011 (DISABILITY ASSESSMENTS)	MAY 2012 (COMPREHENSIVE EVALUATIONS)
Employable	571 (5.1%)								
Temporarily Unemployable	10,629 (94%)								
Permanently Unemployable	106 (0.9%)								

Note: New updates are underlined

GR RESTRUCTURING MASTER IMPLEMENTATION CHART
December 31, 2011

Attachment A

NO.	APPROVED RECOMMENDATIONS	STATUS	TARGET IMPLEMENTATION DATE
8		<p>Number of Medical Disability Assessments provided by FQHC in October 2011 and November 2011:</p> <p><u>October 2011</u></p> <ul style="list-style-type: none"> • Number of patients seen: <u>9,119</u> • Number determined Employable: <u>269</u> • Number determined Temporary Unemployable: <u>7,150</u> • Number determined Permanently Unemployable: <u>217</u> • Number determined Employable with Accommodations: <u>1,482</u> • Number determined Unemployable with Accommodations: <u>1</u> <p><u>November 2011</u> Number of patients seen: <u>8,640</u></p> <ul style="list-style-type: none"> • Number determined Employable: <u>293</u> • Number determined Temporary Unemployable: <u>7,137</u> • Number determined Permanently Unemployable: <u>150</u> • Number determined Employable with Accommodations: <u>1,057</u> • Number determined Unemployable with Accommodations: <u>3</u> <p>Since the inception of the project through <u>November 30, 2011</u>, the cumulative number of Medical Disability Assessments provided by FQHCs are as follows:</p> <ul style="list-style-type: none"> • Number of patients seen: <u>45,784</u> • Number determined Employable: <u>1,449</u> • Number determined Temporary Unemployable: <u>38,076</u> • Number determined Permanently Unemployable: <u>1,417</u> • Number determined Employable with Accommodations: <u>4,789</u> • Number determined Unemployable with Accommodations: <u>53</u> 	<p>IMPLEMENTED MAY 2011 (DISABILITY ASSESSMENTS)</p> <p>MAY 2012 (COMPREHENSIVE EVALUATIONS)</p>

Note: New updates are underlined

GR RESTRUCTURING MASTER IMPLEMENTATION CHART
December 31, 2011

Attachment A

NO.	APPROVED RECOMMENDATIONS	STATUS	IMPLEMENTATION DATE
9	<p>DHS, DMH, and LASD to retrieve medical and mental health records on behalf of GR participants to support their disability claim for SSI. Most of the costs will be funded with 50% new federal revenue.</p>	<ul style="list-style-type: none"> • Project protocols were released and SSI Advocacy staff were trained. DPSS continues to meet with DMH, DHS and LASD to clarify issues, exchange best practices and measure the progress made. • DHS has finalized hiring all seven Registered Nurses (RNs). • DMH has hired both of its RNs. LASD has now hired a permanent RN to work in this project. • A comprehensive training for RNs was conducted on August 13, 2010. Training presenters included staff from SSA, Disability Determination Services Division (DDSD) and DHS. • The project was implemented in August 2010. • DHS, DMH and LASD are now processing pre-clearance requests and retrieving medical and mental health records. • DMH conducted training on documenting mental health conditions for DHS/DPSS/LASD/SSI staff and SSI Advocates on May 11 and June 2, 2011. • DMH <u>has cleared its backlog from June 2011</u>. As such, DHS <u>is no longer sharing a full-time equivalent nurse with DMH</u>. • Expansion of the Record Retrieval Project to DPSS' disability health assessment and evaluation contracted providers is being considered. If feasible, DPSS will work with DHS to develop and implement this expansion. • Currently, DHS has six of seven RNs allocated to <u>this project working on it</u>. DHS is in the process of hiring a <u>seventh RN</u>. • DMH and LASD are fully staffed with two and one RNs respectively. There have been no challenges reported by <u>any of the departments</u>. 	IMPLEMENTED AUGUST 2010

Note: New updates are underlined

GR RESTRUCTURING MASTER IMPLEMENTATION CHART
December 31, 2011

Attachment A

NO.	APPROVED RECOMMENDATIONS	TARGET IMPLEMENTATION DATE												
NO.	APPROVED RECOMMENDATIONS	STATUS												
9	<ul style="list-style-type: none"> There has been a 13% increase in the number of records requested and a 9% increase in the number retrieved from the previous quarter. <p>PERFORMANCE DATA</p> <p>Cumulative records retrieved as of <u>12/31/11</u> by County Departments:</p> <table> <tbody> <tr> <td>DHS</td> <td>Requested - <u>1,196</u></td> </tr> <tr> <td></td> <td>Received - <u>1,073</u></td> </tr> <tr> <td>DMH</td> <td>Requested - <u>1,066</u></td> </tr> <tr> <td></td> <td>Received - <u>685</u></td> </tr> <tr> <td>LASD</td> <td>Requested - <u>387</u></td> </tr> <tr> <td></td> <td>Received - <u>220</u></td> </tr> </tbody> </table> <p>Combined cumulative records retrieved for project as of December 31, 2011:</p> <p>Cumulative number of records requested: <u>2,659</u> Cumulative number of records received: <u>1,978</u> (74% of the requests submitted). Cumulative number of requests with a response "No Records Available": <u>438</u> (16% of requests submitted). Total number of records pending: <u>259</u> (10% of requests submitted).</p>	DHS	Requested - <u>1,196</u>		Received - <u>1,073</u>	DMH	Requested - <u>1,066</u>		Received - <u>685</u>	LASD	Requested - <u>387</u>		Received - <u>220</u>	
DHS	Requested - <u>1,196</u>													
	Received - <u>1,073</u>													
DMH	Requested - <u>1,066</u>													
	Received - <u>685</u>													
LASD	Requested - <u>387</u>													
	Received - <u>220</u>													

Note: New updates are underlined

GR RESTRUCTURING MASTER IMPLEMENTATION CHART
December 31, 2011

Attachment A

NO.	APPROVED RECOMMENDATIONS	STATUS	TARGET IMPLEMENTATION DATE
10	Maximize the claiming of retroactive Medi-Cal for GR participants who qualify for SSI and Medi-Cal.	<p>Preliminary teleconference meetings with DPSS, DMH, and DHS were held in June 2010 to further discuss the data needs for this project.</p> <p>The Project was implemented in September 2010 when DPSS provided SSI IAR listings to DHS and DMH dating back to 2007.</p> <p>Effective June 2011, Eligibility Systems Division (ESD) has been successfully transmitting the SSI IAR Lists to DHS via Secure FTP. DHS has given confirmation that they have received the files. DMH has its own web-based secure file transfer site. DMH has created the accounts that allow DPSS to upload the data directly onto the DMH site. GR Program staff has successfully transmitted the SSI IAR list monthly since June 2011. However, DHS and DMH have stated that they require additional information in order to increase the number of retroactive Medi-Cal claims they can make. DPSS is working with DHS and DMH and exploring the availability of the information they require.</p>	IMPLEMENTED SEPTEMBER 2010
11	Integrate the Public Defender (PD) into SSI Advocacy, where GR participants are already clients of the Public Defender and advocacy can be combined with clients' representation in court.	<p>PD identified the Compton Courthouse as the location for this project. Staff has been selected. One DPSS SSI Advocate and one PD Psychiatric Social Worker II will be collocated at the PD site to provide SSI Advocacy services. A workgroup meeting was held in November 2010. The fiscal provisions of the Memorandum of Understanding (MOU) were revised and the document was signed by PD and the DPSS Director. The Administrative Directive was finalized in October 2011. Project protocols and equipment installation were completed. Project was implemented as planned on August 31, 2011.</p> <p>Since the inception of the pilot, staff have screened approximately 2,000 PD clients. It was determined that most of these clients reside outside the pilot's area of service. Therefore, in order to maximize the number of pilot</p>	IMPLEMENTED AUGUST 2011

Note: New updates are underlined

GR RESTRUCTURING MASTER IMPLEMENTATION CHART
December 31, 2011

Attachment A

NO.	APPROVED RECOMMENDATIONS	STATUS	IMPLEMENTATION DATE
11	<p>participants, it was necessary to expand the initial boundaries of service from the South Central District to South Special, Southwest Special and potentially to other District Offices. To support the expansion, an amendment to the MOU is near finalization. To add to the expansion efforts, the PD is also reviewing information of PD clients at various Courts to identify where it would be most effective to utilize the pilot advocacy services.</p>	<p>A.1. The implementation plan for this project was finalized by the workgroup. Items that were finalized include GROW Computer Programming changes; curriculum for specialized job club class by Los Angeles County Office of Education (LACOE); and instructions to staff. Two new GROW components were implemented in January 2011 to address the special needs of TAY participants: a specialized job club for TAY participants currently offered as a pilot at Southwest Special GROW site Pathways to Success (PTS) and a new Computer Applications Class (CAC) for TAY with basic computer skills is offered at Metro Special GROW site. Expansion to other GROW sites took place in October 2011.</p> <p>During this quarter, 46 participants enrolled in PTS and 22 (48%) were placed in jobs. Thirteen participants enrolled in CAC, and 4 (31%) were placed.</p>	IMPLEMENTED JANUARY 2011
12	<p>Modify the GROW Program to:</p> <ol style="list-style-type: none"> A. Customize services to individuals who are classified as: <ol style="list-style-type: none"> 1. Transitional Age Youth (TAY); 2. Veterans; and 3. Participants exiting Mandatory Substance Abuse Program (MSARP). 	<p>A.2. This project was implemented in November 2011. The GROW Computer system identifies participants who self-disclose being Veterans and a list is generated. Case Managers provide job opportunities and other resources specific to Veterans to this population. An Administrative Directive will be released for clearance during the month of March 2012 to provide written instructions to GROW staff.</p>	PARTIALLY IMPLEMENTED JUNE 2011

Note: New updates are underlined

GR RESTRUCTURING MASTER IMPLEMENTATION CHART
December 31, 2011

Attachment A

NO.	APPROVED RECOMMENDATIONS	STATUS	TARGET IMPLEMENTATION DATE
12	<p>A.3. Computer enhancements and implementation plan for this project have been completed. This project was implemented in June 2011. With the implementation of this project, Fastrak services (specialized job skills preparation class) are now available to MSARP participants. Effective September 2011, two reports were generated to help GROW staff identify participants who have completed the MSARP for enrollment in other GROW activities.</p> <p>B & C. Projects 12 B & C were implemented on August 2, 2010, with limited services. During the interim phase of this project, services have been offered to more than 50 participants, with a placement rate of 25%.</p> <p>An Administrative Directive for projects B & C was prepared, and cleared in July 2011. DPSS is currently addressing some concerns brought up by legal advocates. This has delayed issuance of this Administrative Directive. Implementation of these projects at all 14 GR and GROW District Offices is targeted for <u>March 2012</u>.</p> <p>D. The workgroup has finalized the implementation plan for this project. Policy and procedures for this project have been finalized. With the implementation of this project, GROW staff is now developing customized employment plans to meet the special needs of <u>the youth, with prioritization of DCFS and Probation youth</u>. Collaboration between DPSS, DCFS and Probation was implemented in June 2011.</p> <p>E. GROW Computer (MAPPER) has been programmed to <u>track outcomes from the above projects. The system tracks the number of enrollments and successful outcomes, including placements.</u></p>	<p>IMPLEMENTED JUNE 2011</p> <p>PARTIALLY IMPLEMENTED AUGUST 2011</p> <p>IMPLEMENTED JUNE 2011</p> <p>IMPLEMENTED JULY 2011</p>	

Note: New updates are underlined

GR RESTRUCTURING MASTER IMPLEMENTATION CHART
December 31, 2011

Attachment A

NO.	APPROVED RECOMMENDATIONS	STATUS	TARGET IMPLEMENTATION DATE
13	Establish collaboration between DPSS and the Probation Department to reduce the number of Emerging Adults (age 18-24) applying for GR benefits.	DPSS has established collaboration with DCFSS and Probation Department to facilitate referrals to GROW services, including American Recovery and Reinvestment Act (ARRA) Projects. DPSS has designated a liaison to work with both departments on this effort. This project was completed in May 2010.	IMPLEMENTED MAY 2010
14	Pursue federal reimbursement through FSET, at a rate of 50%, for mental health, domestic violence, and, to the extent possible, substance abuse services provided to GROW participants.	The DPSS plan that was submitted to the State was approved on May 5, 2010. Reimbursement through CFET for costs associated with support services to GROW participants can be claimed effective October 2009. This project was completed in May 2010.	IMPLEMENTED MAY 2010
15	Establish collaboration with CSS, L.A. City and all other Workforce Investment Boards to provide job services and employment opportunities through the Work Source Centers, geared toward both youth and adult GROW participants.	This project was implemented in February 2011. The following WorkSource Centers and One Stops <u>are</u> participating in this project: The Gardena South Bay One-Stop Business & Career Center, Inglewood South Bay One-Stop Business & Career Center, Southeast Los Angeles County Workforce Investment Board Youth Center, Southeast Los Angeles Crenshaw WorkSource Center, Marina Del Rey WorkSource Center, East Los Angeles WorkSource Center, Florence-Firestone WorkSource Center, and Los Angeles WORKS. DPSS and the Department of Community and Senior Services (CSS) are working on recruiting Workforce Investment Act (WIA) agencies that can provide services to participants residing in the San Fernando and Antelope Valley areas of the County.	IMPLEMENTED FEBRUARY 2011
16	Expand GROW to include GED preparation.	DPSS finalized policy/procedures to implement a GED component for GROW participants who lack a high school diploma. A list of available education entities has been identified. Programmatic changes to MAPPER have been completed.	IMPLEMENTED JUNE 2010

Note: New updates are underlined

GR RESTRUCTURING MASTER IMPLEMENTATION CHART
December 31, 2011

Attachment A

NO.	APPROVED RECOMMENDATIONS	STATUS	TARGET IMPLEMENTATION DATE
17	<p>Conduct a comprehensive study of the Mandatory Substance Abuse and Recovery Program (MSARP) to evaluate its effectiveness.</p> <p>A. DPSS and DPH-ADPA will evaluate the redesign of MSARP based upon the results of the evaluation.</p> <p>B. Use the evaluation outcomes and DPH-ADPA Rate Study to inform a resolicitation process for GR services.</p> <p>C. Evaluate the need for substance abuse treatment services for emerging adults ages 18-24 and the need to design specialized treatment services for this population.</p>	<p>CEO-SIB staff has shared a draft report, which was discussed during a meeting with DPSS staff. The data match with DPH was completed and merged with DPSS data in preparation for analysis. <u>CEO-SIB conducted the analysis and submitted the draft report for review.</u> DPSS provided comments and CEO-SIB is in the process of finalizing the report. DPSS plans to meet with the Department of Public Health and CEO-SIB to review the final version of the MSARP report in mid-March. Filing of the final report to the Board was initially scheduled for November 2011, but has been postponed until the report is reviewed and revised with DPH's final comments.</p>	MARCH 2012
18	<p>Develop State and federal legislative/regulatory proposals to assist indigent adults and/or mitigate County costs and work with stakeholders to develop these proposals.</p>	<p>DPSS is examining possible areas where legislative and regulatory changes may be necessary and feasible. The workgroup has identified ten potential concerns that with further research may formulate into a State or federal legislative proposal for indigent adults. The last workgroup meeting was held on November 23, 2010. This project has been placed temporarily on hold as part of project prioritization and shall resume in May 2012.</p>	DECEMBER 2012
19	<p>DPSS to expand data collection for the GR Program.</p>	<p>A meeting to discuss data collection and computer programming for all SSI Advocacy-related recommendations was held on June 22, 2010. GR data, including GR Restructuring Data, will be collected and made available through DPSSSMART, SSIMAP database. Data collection is an ongoing effort.</p>	IMPLEMENTED AUGUST 2010 Ongoing

Note: New updates are underlined

GR RESTRUCTURING MASTER IMPLEMENTATION CHART
December 31, 2011

Attachment A

NO.	APPROVED RECOMMENDATIONS	STATUS	TARGET IMPLEMENTATION DATE
20	Include the GR Program in the County's and DPSS' strategic plans.	<p>The GR Program has been incorporated in the County's and DPSS' Strategic Plan.</p> <p>The County's Strategic Plan Objectives are:</p> <p>Objective 2: General Relief to SSI: By June 30, 2010, assess the success of the implementation of the GR-to-SSI project, working with the Department of Public Social Services, Health Services, Mental Health, and Public Health staff. Based upon the evaluation, determine whether to continue program and/or integrate with GR Efficiencies Initiative.</p> <p>Objective 3: By June 30, 2010, to achieve GR Efficiencies, develop recommendations with stakeholders, present plan to the Board of Supervisors, and begin project implementation.</p> <p>The DPSS' Strategic Plan Objectives are:</p> <p>Objective I.1.7: By June 2010, redesign the GR Program to reduce homelessness, increase the number of customers who transition to SSI and increase the number of customers who become employed.</p>	<p>IMPLEMENTED APRIL 2010</p>
21	Conduct a pilot having the current Linkages GAIN Services Workers at two or three small DCFS offices work with the Children's Social Workers to utilize the Transition Conference as an opportunity to connect foster youth with County services.	The workgroup has finalized the implementation plan for this project. Policy and procedures have been released for clearance. This project was implemented in June 2011.	<p>IMPLEMENTED JUNE 2011</p>
22	Provide better screening for Veterans and better referrals for assistance with claims and strengthen DPSS case management for Veterans who are on GR to enable them to qualify faster for Veteran's benefits and services.	An initial meeting was held in June 2010 with Legal Aid Foundation of Los Angeles (LAFLA), Public Counsel, and Department of Military and Veterans Affairs (DMVA). Project protocols for the DPSS/LAFLA pilot have been drafted and shared with the responsible workgroup. Comments were received from the workgroup in June 2010.	<p>PARTIAL IMPLEMENTATION DECEMBER 2010</p>

Note: New updates are underlined

GR RESTRUCTURING MASTER IMPLEMENTATION CHART
December 31, 2011

Attachment A

NO. APPROVED RECOMMENDATIONS	STATUS	TARGET IMPLEMENTATION DATE
22	<p>A second meeting was held on August 17, 2010, with LAFLA to discuss the implementation of the pilot project.</p> <p>The DPSS/LAFLA Veterans pilot has been implemented in the Metro East office. Space arrangements for LAFLA staff at the Metro East office have been made. Policy for this project was officially released in December 2010.</p> <p>A telephone conference call was held on December 20, 2010 between DMVA and DPSS to discuss the next steps to implement the project.</p> <p>A conference call was held with DMVA's information technology vendor to discuss the feasibility of a data match. DMVA uses a vendor to host their database.</p> <p>Legal clarification is being sought to determine if a data match is legally feasible with DMVA and if an MOU will resolve the issue. The data match with DMVA would only be able to identify participants who are already receiving veterans disability benefits.</p>	<p>FULL IMPLEMENTATION MARCH 2012</p> <p>Additionally, the CEO-SIB is working with the federal Department of Veterans Affairs (VA) and has provided DPSS their VA contact information to discuss the feasibility of a data match to assist in the identification of Veteran GR participants. We have been in contact with the VA, and have been informed that a participant's Social Security Number is needed for a data match. County Counsel has indicated that unless we have the participant's consent, we cannot use their Social Security number for the data match. We are exploring other options.</p> <p>A meeting to review the veteran's pilot project and to discuss the number of veterans served is scheduled in March between GR Program staff, Metro East GR District and LAFLA representatives.</p>

Note: New updates are underlined

GR RESTRUCTURING MASTER IMPLEMENTATION CHART
December 31, 2011

Attachment A

NO	APPROVED RECOMMENDATIONS	STATUS	TARGET IMPLEMENTATION DATE
23	Assess and enhance the current mechanisms designed to enable former foster care youth, medically indigent under 21 and probation youth to receive and retain Medi-Cal.	<p>An internal meeting was held on May 25, 2010, to discuss current DPSS efforts on this subject.</p> <p>Foster Care Youth Children in foster care automatically continue on Medi-Cal until they reach age 21; however, 50% of cases are terminated at redetermination for failure to respond, mainly due to DPSS not having the individuals' current address.</p> <p>DPSS and DCFS have established a liaison to share address changes reported by the youth and thereby update their databases. Although DPSS explored sending a change of address card to Foster Care Youth, DCFS expressed that the card would be another piece of paper that the youth would discard. As such, we are now pursuing utilizing electronic means such as twitter, to keep in touch with Former Foster Youth. Additionally, we are in the process of adding the Medi-Cal redetermination form to Your Benefits Now. This will allow the former foster youth to submit the redetermination online.</p> <p>DPSS meets with DCFS monthly to identify issues, concerns, and enhancements to the current process.</p>	<u>APRIL 2012</u>

Note: New updates are underlined

GR RESTRUCTURING MASTER IMPLEMENTATION CHART
December 31, 2011

Attachment A

NO.	APPROVED RECOMMENDATIONS	STATUS	TARGET IMPLEMENTATION DATE
23		<p>DPSS completed a computer data interface system with Probation (Medi-Cal Application and Probation Partnership System - MAPPS) to identify youth who are soon to be released from the probation system. MAPPS will allow Probation to input essential information about the Probation Youth into the system that will trigger a Medi-Cal pre-release referral to DPSS. However, due to resource issues, Probation is currently unable to provide sample data to test the data interface system between DPSS and Probation. The system must be tested prior to implementation. As a result, MAPPS screens have been modified to allow Probation to enter information into the system. Data will be input manually until Probation can transmit the data electronically.</p> <p>The Administrative Directive: Medi-Cal Pre-release Application Process for Wards in County Juvenile Facilities was released on November 17, 2011.</p> <p>DPSS is working with the Probation Department in developing the electronic interface, which is designed to <u>capture data</u> from all juvenile detention facilities and notify DPSS of incarcerated minor beneficiaries so that DPSS can <u>timely terminate their benefits</u>. Medi-Cal Application and Probation Partnership System (MAPPS) will be replaced once the interface is fully completed and implemented. In the interim, DPSS will utilize MAPPS as a means to identify incarcerated minors that may be receiving aid on an existing case. This interim solution is targeted for implementation in April 2012.</p>	<u>June 2012</u>
24	Increase the GR Participants resources by:	<p>A. Allowing GR recipients to remain on GR while saving more money. Permit GR participants to maintain a Restricted Savings Account up to a pre-determined amount for the purpose of saving for housing, education or training expenses, and/or to start a business that would not be countable towards the property limit.</p>	<u>Note: New updates are underlined</u>

GR RESTRUCTURING MASTER IMPLEMENTATION CHART
December 31, 2011

Attachment A

NO	APPROVED RECOMMENDATIONS	STATUS	TARGET IMPLEMENTATION DATE
24	<p>B. Helping participants who have child support obligations by:</p> <ol style="list-style-type: none"> 1. Educating workers and participants about the assistance DPSS currently offers to help lower child support payments for participants. 2. Work with the Child Support Services Department to reduce child support payments for participants after they leave GR for the first six months they have a job, to allow them to get on their feet before resuming higher child support payments. 	<p>B.1. DPSS is working with CSSD to assess the feasibility of providing lower child support payments for GR participants.</p> <p>B.2. At a meeting on October 11, 2011, DCSS indicated that this recommendation is in conflict with federal and State rules which state that child support is collected based on the individual's earnings/income; therefore, this recommendation will not be pursued.</p>	IMPLEMENTED MAY 2010
25	Add positions in GR offices, through September 30, 2010, utilizing TANF emergency contingency funds (ECF), to assist GR participants navigate the GR process. Positions may be filled with GR non-custodial parents (NCPs) who qualify for ECF-funded subsidized employment.	This project was completed with the hiring of six participants who worked as Customer Services Assistants (CSAs) in the GR Districts lobby until September 30, 2010, when the available funding ended.	IMPLEMENTED MAY 2010

Note: New updates are underlined

GR RESTRUCTURING MASTER IMPLEMENTATION CHART
December 31, 2011

Attachment A

NO.	APPROVED RECOMMENDATIONS	STATUS	TARGET IMPLEMENTATION DATE
26	CEO-SIB to conduct an evaluation of GR Program mandates, rules, time limits, sanctions, operational processes, and data limitations, including a cost/benefit analysis.	<p>CEO-SIB identified two contractors to conduct the evaluation of the GR Program. The first contractor secured to perform the Quantitative Process Analysis of Los Angeles County's GR Program is University of Sciences in Philadelphia.</p> <p>The second contractor secured to perform the Qualitative Process Analysis of Los Angeles County's GR Program is Linda Shaw, Ph.D., from California State University San Marcos. An action plan was developed by the contractors to convene focus groups to interview Eligibility Workers and Administrative staff. These focus groups were convened in August 2010. Researchers convened focus groups and interviewed GR Participants in January 2011.</p> <p>CEO-SIB researchers conducted the third part of the study themselves, a comparison of GR Program policies in Los Angeles and several other California counties.</p> <p>These reports are being finalized, prior to submission to the Board.</p>	FEBRUARY 2012
27	Establish a GR Anti-Homelessness Account in the CEO's budget to fund enhanced services to reduce GR homelessness. Fund this account with savings from enhanced GR services, including but not limited to GR grant savings for participants who receive a rental subsidy and secure employment/SSI, and Interim Assistance Reimbursement for rental subsidies for GR participants who qualify for SSI.	The Anti-Homelessness Account was set up in the DPSS Assistance budget in August 2010.	IMPLEMENTED AUGUST 2010

Note: New updates are underlined

GR RESTRUCTURING MASTER IMPLEMENTATION CHART
December 31, 2011

Attachment A

NO.	APPROVED RECOMMENDATIONS	STATUS	TARGET IMPLEMENTATION DATE
28	<ul style="list-style-type: none"> ▪ Assist GR participants manage their money better by: <ul style="list-style-type: none"> ▪ Formulating a list of banks that allow recipients to establish accounts with no minimum balances and minimal overdraft fees. ▪ Assembling training materials instructing clients about budgeting and money management as well as the security advantages of keeping their funds in a bank account. The instruction topics would also include balancing their check book, if utilizing an ATM to check their account status, and avoiding bank fees. ▪ Focusing on providing this information to GR participants securing SSI benefits. ▪ Engaging with community organizations involved with assisting individuals with money management issues. ▪ Seeking volunteer agencies who will offer training or assistance to GR participants on money management. 	<p>Three workgroup meetings have been conducted to brainstorm and develop an implementation plan. Met with representatives from a local bank to learn what they can offer to GR participants and what training they can provide to Supplemental Security Income Medi-Cal Advocacy Program (SSIMAP) staff. A focus group meeting was conducted with SSI Advocates on August 19, 2010, to better define their role under this recommendation.</p> <p>Money Management training for SSIMAP staff was conducted by Consumer Action in October 2010. Once fully implemented, GR SSIMAP Advocacy staff will be able to counsel their participants on money management issues, help them create a budget and a spending plan.</p>	<u>IMPLEMENTED OCTOBER 2011</u>
29	<ul style="list-style-type: none"> ▪ Do not limit the housing subsidy to nine months for employable GR participants. Instead, permit employable GR participants who reach the nine-month time limit to continue receiving the subsidy during the three months that they are ineligible to GR. 	<p>LEADER modifications are pending to allow employable GR participants to receive housing subsidy after they reach the nine-month time limit.</p>	<u>DECEMBER 2012</u>
30	<ul style="list-style-type: none"> ▪ DPSS should engage in a dialogue with Board and Care Operators to determine how to increase usage of board and care facilities by homeless GR participants. Explore providing information to GR participants on board and care facilities upon release from emergency rooms or hospitals. 	<p>A meeting with two Board and Care agencies to discuss other housing options for homeless GR participants took place on June 23, 2010.</p>	<u>MARCH 2012</u>

Note: New updates are underlined

GR RESTRUCTURING MASTER IMPLEMENTATION CHART
December 31, 2011

Attachment A

NO.	APPROVED RECOMMENDATIONS	STATUS	TARGET IMPLEMENTATION DATE
30	homeless participants. Board and Care operators will be provided information about the need for housing for GR homeless individuals and the opportunity to collaborate with DPSS. The CEO has taken the lead on this project.		DECEMBER 2011
31	<p>Improve upon DPSS' GR SSI and Medi-Cal Advocacy Program (GRSSIMAP) by:</p> <ol style="list-style-type: none"> 1. Advocating for a change in federal regulations that would extend the protected filing date from 60 days to as many as 365 days, to increase the period of time during which the County could secure Interim Assistance Reimbursement for GR grants/rental subsidies and retroactive Medi-Cal. 2. Customizing the approach to securing SSI based on the condition and available documentation for individual GR participants by: <ul style="list-style-type: none"> • Better identifying GR participants who are potentially eligible for SSI through a more extensive medical and/or mental health disability assessment (approved in Phase One). • Evaluating available medical treatment documentation and utilizing the document retrieval process (approved in Phase One), if necessary. 	<p>1. Preliminary discussions have taken place with the local Social Security Administration (SSA) regarding the protected filing date. A conference call was held with SSA, DDSD and DPSS in August 2010. At a meeting in March 2011 between SSA, the DDSD and DPSS, SSA stated that it would not be possible to change the protective filing date. Based on that response from the local SSA, DPSS will resume efforts to pursue a change at the federal level.</p> <p>2. The responsible workgroup met on November 18, 2010, to discuss customizing the approach to securing SSI based on available documentation. A focus group comprised of community and SSI Advocates <u>met</u> in July 2011 to review and provide input on a new approach to define guidelines for the SSI Advocates to pursue SSI based on available documentation.</p> <p>See update for Recommendation #8.</p> <p>See update for Recommendation #9.</p>	<p>NOVEMBER 2011</p>

Note: New updates are underlined

GR RESTRUCTURING MASTER IMPLEMENTATION CHART
December 31, 2011

Attachment A

NO.	APPROVED RECOMMENDATIONS	STATUS	IMPLEMENTATION DATE
31	<ul style="list-style-type: none"> • Evaluating whether a comprehensive medical/mental health evaluation (approved in Phase One), and the resulting write-up would strengthen the SSI application, and, if so, refer the participant for an evaluation. • Making an appropriate decision about when to file the SSI application in order to increase the chance of approval, based on the participant's situation and the results of any assessments, medical documentation, and/or evaluation. <p>See update for Recommendation #8.</p>	<p>The responsible workgroup met on November 18, 2010. A meeting with a focus group comprised of community and SSI Advocates was held in February 22, 2011 to review a new approach for the development of a GR SSIMAP Handbook to define guidelines for the SSI Advocates. An additional meeting was held in December 2011 to finalize the GR SSIMAP Handbook. <u>Final changes have been incorporated into the document. The GR SSIMAP Handbook is targeted for release in March 2012.</u></p> <p>3. SOAR training has been completed. The last SOAR training session was held on September 30, 2010.</p> <p>4. On <u>September 27 and October 3, 2011, SSA/DDSD provided training to GR SSIMAP Advocates and FQHC Medical Contractors.</u></p> <p>5. See update for Recommendation #8.</p>	<p>IMPLEMENTED SEPTEMBER 2010</p> <p>PARTIALLY IMPLEMENTED OCTOBER 2010</p> <p>IMPLEMENTED MAY 2011</p>
32	<p>Provide ancillary expenses for showers, shoes, clothes, etc., for those pursuing SSI, including a motel voucher for the night before an SSI appointment with California Department of Social Services or Social Security Administration, when needed to enable the participant to arrive on time.</p>	<p>A preliminary meeting with an internal DPSS focus group comprised of DPSS SSI Advocates to discuss the different ways of implementing the recommendation was held on June 23, 2010. The responsible workgroup meeting with all partners to discuss the project's course of action was held on June 24, 2010.</p> <p>The workgroup met on September 22, 2010 and December 7, 2010 to review the draft guidelines. Training was held in January 2011. Guidelines were released in May 2011.</p>	

Note: New updates are underlined

GR RESTRUCTURING MASTER IMPLEMENTATION CHART
December 31, 2011

Attachment A

NO.	APPROVED RECOMMENDATIONS	STATUS	TARGET IMPLEMENTATION DATE
33	Collaborate with private medical facilities to retrieve medical and mental health records on behalf of GR participants to support their disability claim for SSI as part of the current DPSS-DHS homeless release project.	<p>Numerous attempts have been made to meet with the Hollywood Presbyterian and White Memorial hospitals but due to scheduling conflicts, a meeting has not been scheduled. However, both hospitals expressed interest in this project and agreed to meet to hear more details about the project.</p> <p><u>APRIL 2012</u></p>	
34	<p>Assist GR participants applying for SSI benefits by:</p> <ul style="list-style-type: none"> ▪ Identifying GR participants who are in need of mental health treatment to secure medical documentation needed to secure SSI; ▪ Subject to funding, providing mental health treatment to those participants; ▪ Prioritizing mental health services for GR participants who need to pursue SSI; ▪ Documenting those who cannot be treated due to lack of funding; ▪ Ensuring cost recoupment from retroactive Medi-Cal; ▪ Assessing current procedures for providing mental health treatment to GR participants; and ▪ Recommending changes to better keep participants engaged in treatment. 	<p>The first meeting with the responsible workgroup to discuss the protocols for this project was held on June 23, 2010.</p> <p>A second workgroup meeting was held on September 7, 2010. DMH, DPH, and Advocate representatives were present. The group discussed the recommendation and how to identify the participants in need of treatment to secure SSI and the need to document those who cannot be treated due to lack of funds. Some suggestions were made, but the lack of available funding was a barrier. A third workgroup meeting was held in October 2010.</p> <p>An internal meeting was held with CEO, DPSS, DMH and DHS in March 2011.</p>	<p><u>APRIL 2012</u></p>
35	DPSS SSI Advocates should provide case management that will help GR SSI applicants keep track of appointments.	A preliminary meeting with an internal DPSS focus group comprised of DPSS SSI Advocates was held on June 23, 2010, to discuss different ways of implementing the recommendation. The responsible workgroup meeting with all partners to discuss the project's course of action was held on June 24, 2010.	MARCH 2012

Note: New updates are underlined

GR RESTRUCTURING MASTER IMPLEMENTATION CHART
December 31, 2011

Attachment A

NO	APPROVED RECOMMENDATIONS	STATUS	TARGET IMPLEMENTATION DATE
35	<p>The workgroup generated recommendations which are currently under review and will be released via the GR SSIMAP Handbook.</p> <p>A workgroup meeting was held on November 18, 2010 to redefine the scope of the recommendation. The recommendation was expanded to allow advocates to do more case management activities. The meeting resulted in identifying more case management activities. They will be incorporated into the GR SSIMAP Handbook.</p> <p>An additional meeting was held in December 2011 to finalize the GR SSIMAP Handbook. Final changes have been incorporated into the document. The GR SSIMAP Handbook is targeted for release in March 2012.</p>		<u>MAY 2012</u>
36	<p>Pursue a pilot to coordinate ongoing health and mental health treatment for GR participants pursuing SSI, dependent upon available funding.</p>	<p>The first meeting with the responsible workgroup to discuss the protocols for this project was held on June 23, 2010.</p> <p>The workgroup met again on September 7, 2010 to discuss pursuing the recommended pilot. The group discussed the lack of available funding and the possibility of a pilot in an area that has both a DHS health clinic and a DMH mental health facility in close proximity. A third workgroup meeting was held in October 2010.</p>	
37	<p>Strengthen current process to identify GR participants who were previously on SSI and prioritize SSI advocacy for them.</p>	<p>DPSS is exploring a partnership with Skid Row Housing Trust (SRHT). SRHT is a permanent supportive housing provider in downtown Los Angeles that currently operates 1,500 apartments, the majority of which are for homeless individuals.</p> <p>A preliminary meeting with an internal DPSS focus group comprised of DPSS SSI Advocates was held on June 23, 2010, to discuss different ways of implementing the recommendation. The responsible workgroup meeting with all partners to discuss the project's course of action was held on June 24, 2010.</p>	<u>MARCH 2012</u>

Note: New updates are underlined

DPSS is in the process of finalizing the guidelines for SSI

GR RESTRUCTURING MASTER IMPLEMENTATION CHART
December 31, 2011

Attachment A

NO.	APPROVED RECOMMENDATIONS	STATUS	TARGET IMPLEMENTATION DATE																																				
37		Advocates. The responsible workgroup met on December 7, 2010. The guidelines will be incorporated into the SSIMAP Handbook. An additional meeting was held in December 2011 to finalize the GR SSIMAP Handbook. Final changes have been incorporated into the document. The GR SSIMAP Handbook is targeted for release in March 2012.	IMPLEMENTED JUNE 2010 AND ONGOING																																				
38	<p>Establish the following targets for SSI Approvals:</p> <ol style="list-style-type: none"> For SSI applications filed in FY 10/11 and ongoing, increase the SSI approval rate at the initial application level to at least 50% in FY 10/11, to at least 60% in FY 11/12, and to at least 70% in FY 12/13. <p>For the overall number of SSI approvals, increase the number of SSI approvals as follows:</p> <table> <thead> <tr> <th>FY</th> <th>FY</th> <th>FY</th> <th>FY</th> </tr> <tr> <th>2008-09</th> <th>2010-11</th> <th>2011-12</th> <th>2012-13</th> </tr> </thead> <tbody> <tr> <td>Baseline</td> <td>Target</td> <td>Target</td> <td>Target</td> </tr> <tr> <td>5,891</td> <td>6,400</td> <td>6,900</td> <td>7,400</td> </tr> </tbody> </table>	FY	FY	FY	FY	2008-09	2010-11	2011-12	2012-13	Baseline	Target	Target	Target	5,891	6,400	6,900	7,400	<p>The workgroup meeting to discuss different ways of accomplishing the targets for SSI approvals was held on June 24, 2010.</p> <p>After all of the GR recommendations are implemented, the Advocates believe that they will have additional tools to enhance services to participants and to assist with more complete applications being submitted to SSA for SSI approval.</p> <p>The SSI targets were reiterated in the GR SSIMAP bi-monthly Newsletter and at the SSI Advocates Quarterly meeting.</p> <table> <thead> <tr> <th colspan="4">PERFORMANCE DATA</th> </tr> <tr> <th>Time Period</th> <th colspan="3">SSI Approvals</th> </tr> </thead> <tbody> <tr> <td>FY 2010-11:</td> <td colspan="3">8,380</td> </tr> <tr> <td>FY 2011-12 first half:</td> <td colspan="3">3,904</td> </tr> <tr> <td>Cumulative Total:</td> <td colspan="3"><u>12,284</u></td> </tr> </tbody> </table>	PERFORMANCE DATA				Time Period	SSI Approvals			FY 2010-11:	8,380			FY 2011-12 first half:	3,904			Cumulative Total:	<u>12,284</u>			IMPLEMENTED JUNE 2010 AND ONGOING
FY	FY	FY	FY																																				
2008-09	2010-11	2011-12	2012-13																																				
Baseline	Target	Target	Target																																				
5,891	6,400	6,900	7,400																																				
PERFORMANCE DATA																																							
Time Period	SSI Approvals																																						
FY 2010-11:	8,380																																						
FY 2011-12 first half:	3,904																																						
Cumulative Total:	<u>12,284</u>																																						
39	Address/fix non-disability related SSI eligibility issues such as citizenship documentation, birth certificate etc.	The responsible workgroup meeting with all partners was held on June 24, 2010. A second Workgroup meeting was held on August 29, 2010. The SSI Advocates exchanged valuable tips on how to resolve non-disability SSI eligibility issues. We are currently drafting a document to show how non-disability issues may be addressed. This document will be shared with DPSS line staff.	APRIL 2012																																				

Note: New updates are underlined

GR RESTRUCTURING MASTER IMPLEMENTATION CHART
December 31, 2011

Attachment A

NO.	APPROVED RECOMMENDATIONS	STATUS	TARGET IMPLEMENTATION DATE
39	Document was drafted and presented during Workgroup meeting on December 2, 2010. The Workgroup provided valuable input. A document is in the process of modification to reflect the Workgroup's input. Document is to be part of GR SSIMAP Handbook.	An additional meeting was held in December 2011 to finalize the GR SSIMAP Handbook. Final changes have been incorporated into the document. The GR SSIMAP Handbook is targeted for release in March 2012.	IMPLEMENTED AUGUST 2010
40	Strengthen existing relationships with the Social Security Administration.	An upper level management meeting with the Social Security Administration, Veterans Administration, CEO and various County Departments was held on June 22, 2010. The purpose of the meeting was to stress the importance of collaboration among departments for the successful implementation of the GR Restructuring projects.	IMPLEMENTED AUGUST 2010
41	Implement a transportation pilot project to evaluate the impact of providing monthly bus passes to two groups of GR participants to determine whether providing bus passes (instead of individual tokens) increases their likelihood of approval for SSI:	<p>A meeting with the responsible workgroup to discuss the project's course of action was held on June 24, 2010.</p> <p>A second workgroup meeting was held on September 22, 2010, to review the draft guidelines for the pilot.</p> <p>A third workgroup meeting was held on December 7, 2010, to determine the District Offices for the pilot and the method of issuance for the pilot. A fourth meeting was held in January 2011 to determine the valid survey reports needed and logistics of implementation based on availability of monthly</p>	DECEMBER 2012

Note: New updates are underlined

GR RESTRUCTURING MASTER IMPLEMENTATION CHART
December 31, 2011

Attachment A

NO.	APPROVED RECOMMENDATIONS	STATUS	TARGET IMPLEMENTATION DATE
41	<p>participant will contribute \$10 per month toward the cost of the bus pass.</p> <p>Results will be compared after one year of the pilot. If providing bus passes is shown to be a good method of helping participants obtain approval of SSI benefits more quickly, DPSS will then explore ways of providing them to more participants.</p>	<p>bus pass issuance from the Transit Access Pass card program that the Auditor-Controller is negotiating with the Los Angeles Metropolitan Transportation Authority.</p>	
42	<p>Reconstitute the GR Restructuring Workgroup as the GR Restructuring Steering Committee to meet quarterly to do the following:</p> <ul style="list-style-type: none"> ▪ Work together on the implementation process; ▪ Review evaluation data and make recommendations for any adjustments to processes or targets; and ▪ Identify and pursue opportunities for GR service integration. 	<p>All GR Restructuring Workgroup members were invited to be part of the specific workgroups for the individual recommendations.</p> <p>The first quarterly meeting of the GR Restructuring Steering Committee was held on July 27. The group was given a status update on each of the 42 recommendations.</p> <p>The Workgroup continues to meet on a quarterly basis.</p>	<p>IMPLEMENTED JUNE 2010</p>

(updated 3/12/12)

Note: New updates are underlined

GR RESTRUCTURING MASTER IMPLEMENTATION CHART
December 31, 2011

Attachment A

Month/Year	Total Aided Persons	% Change from Previous Month				Average Age		Female
			Employable	Unemployable	E	U	Male	
July	2010	101,683	40,244	61,439	33	43	67,576	34,107
August	2010	102,982	1.30%	41,087	61,895	33	43	68,395
September	2010	104,057	1.10%	41,380	62,677	33	43	68,997
October	2010	104,042	0.00%	40,919	63,123	33	43	69,088
November	2010	104,969	0.90%	40,145	64,824	33	43	69,695
December	2010	107,452	2.40%	44,242	63,210	33	43	71,520
January	2011	108,951	1.40%	45,452	63,499	34	43	72,534
February	2011	106,390	-2.40%	44,622	61,768	34	43	70,733
March	2011	109,212	2.60%	46,250	62,962	34	43	72,709
April	2011	109,305	.08%	47,930	61,375	34	43	72,885
May	2011	109,062	-.22%	40,873	68,189	34	43	72,631
June	2011	111,018	1.79%	43,431	67,587	33	43	73,886
July	2011	112,308	1.15%	46,692	65,616	34	43	74,516
August	2011	113,344	.92%	50,774	62,570	34	43	75,176
September	2011	112,898	-.40%	51,974	60,924	34	43	74,790
October	2011	110,285	-2.31%	49,894	60,391	34	43	73,082
November	2011	107,656	-2.38%	46,463	61,193	34	43	71,271
December	2011	106,647	-1.00%	45,710	60,937	34	44	70,715
								35,932

Note: New updates are underlined

GR RESTRUCTURING MASTER IMPLEMENTATION CHART
December 31, 2011

Attachment A

GR OUTCOMES					
Month/Year	JOB PLACEMENTS		SSI APPROVALS		
	Monthly	Cumulative FY 2010/11	Monthly	Monthly	Cumulative FY 2010/11
July 2010	1,234	1,234	598	598	598
August 2010	1,512	2,746	691	1,289	1,289
September 2010	1,562	4,308	639	1,928	1,928
October 2010	1,353	5,661	611	2,539	2,539
November 2010	1,303	6,964	664	3,203	3,203
December 2010	1,231	8,195	854	4,057	4,057
January 2011	1,115	9,310	671	4,728	4,728
February 2011	1,132	10,442	646	5,374	5,374
March 2011	1,389	11,831	691	6,065	6,065
April 2011	1,362	13,193	819	6,884	6,884
May 2011	1,354	14,547	865	7,749	7,749
June 2011	1,535	16,082	631	8,380	8,380

GR OUTCOMES					
Monthly	JOB PLACEMENTS		SSI APPROVALS		
	Cumulative FY 2011/12	Monthly	Cumulative FY 2011/12	Monthly	Cumulative FY 2011/12
July 2011	1,309	1,309	687	687	687
August 2011	1,584	2,893	794	1,481	1,481
September 2011	1,563	4,456	577	2,058	2,058
October 2011	1,503	5,959	647	2,705	2,705
November 2011	1557	7,516	547	3,252	3,252
December 2011	1456	8,972	652	3,904	3,904

Note: New updates are underlined

GR RESTRUCTURING MASTER IMPLEMENTATION CHART
December 31, 2011

Attachment A

SUCCESS STORIES	
Recommendation	Success Story
#5 - Expanded Housing Subsidy	<p>Mr. S was unemployed and homeless when he applied for the General Relief Housing Subsidy and Case Management Project (GRHSCMP). Mr. S was approved and found affordable housing through the Project. Mr. S was also actively engaged in the GROW Program, which assisted him with his goal to get back in the workforce. Mr. S was able to attend job training and he was also able to keep looking for jobs once he had a place to live. On 2/25/11, Mr. S contacted his Housing Case Manager (HCM) to express how excited he was because he had secured full-time employment as a truck driver on 2/28/11. He spoke with pride and gratitude of this employment with a starting salary of \$16+ per hour, plus benefits. Mr. S. is now self-sufficient.</p> <p style="text-align: right;">◆</p>
#5 & #9 - Expanded Housing Subsidy and Record Retrieval	<p>Mr. B was able to move into his own place in April 2010 with the assistance he received from the GRHSCMP. Mr. B had a history of being chronically homeless. The HCM provided intensive case management and assisted Mr. B to ensure he would not miss any of his SSI follow-up appointments. On 3/4/11, the GR HCM received a notice that Mr. B had been approved for SSI. Mr. B was very grateful for the good news and he expressed his gratitude for all of the help the Project had provided. Mr. B. has exited the GR Program since he has secured his federal disability benefits, which allow him to pay his own rent.</p> <p style="text-align: right;">◆</p> <p>Mr. C was referred to the GR Housing Subsidy and Case Management Project (GRHSCMP) in August 2010. He had been hit by a car while riding a bike and sustained many injuries, including a head injury which affected his memory. Mr. C was homeless and temporarily living in a shack in the back yard of a house. The shack did not have electricity and was not a safe place for him.</p> <p>Mr. C had been denied his SSI claim because he did not have enough medical and/or mental health evidence to substantiate his medical and/or mental health condition. However, with the assistance of his HCM and his DPSS SSI Advocate, a housing subsidy application and a record retrieval request was initiated to assist Mr. C with his SSI claim. While his SSI claim was pending Mr. C was able to secure a rental housing place with the assistance of the GRHSCMP.</p> <p>Mr. C's medical condition had affected him so much that even when he first was interviewed for the GR Housing Subsidy he had indicated that he was not homeless. Additionally, he was not able to indicate, in his SSI claim, all the medical facilities that he had been attending. When the record retrieval documents were returned by DMH and DHS, it was clear that Mr. C's previous SSI application claims did not include enough medical evidence for the SSA to make a determination. Mr. C's new SSI application, which was supported with all the medical records obtained through the Record Retrieval Project, was approved in December 2011. Mr. C has become self-sufficient with the SSI benefits he receives now.</p>

Note: New updates are underlined

GR RESTRUCTURING MASTER IMPLEMENTATION CHART
December 31, 2011

Attachment A

SUCCESS STORIES	
Recommendation	Success Story
#8 - Enhanced Disability Assessments and Evaluations	<p>Prior to his most recent physical assessment by St. John's Well Child & Family Center (JWCH), a County contractor, Mr. K, a GR participant, had been medically assessed and found to be temporarily disabled due to a bad back. However, Mr. K's latest medical assessment by the County contractor resulted in a diagnosis of schizophrenia, a condition that had not been identified previously. Consequently, Mr. K was referred for mental health treatment and SSI advocacy assistance through the GR Program. Mr. K was very grateful to GR, medical and mental health staff for the thorough job they did and for identifying his condition which make him potentially eligible for SSI benefits.</p> <p>On October 5, 2011, the JWCH, Inc., CEO shared that a participant came into their office that very morning for a disability assessment. As the disability assessment began, the examining physician asked him to remove his shirt. As the participant removed his shirt the physician said to the GR participant, "you have advanced AIDS." Participant replied, "I never wanted to know." They rushed him to a local hospital and he was entered into the ICU. Later, they followed-up on the status of the participant and JWCH staff were informed if this participant had not received treatment he would have died within the next three weeks. JWCH CEO stated, "So we are making a difference."</p>
#12 – Enhanced Employment Services to Veterans	<p>Mr. B. is an older veteran who had overcome a substance abuse problem and other personal challenges in the past. He knew that he was trying to find employment in one of the toughest job markets, but he was extremely motivated and positive.</p> <p>Mr. B. informed his GROW Case Manager (GCM) that he had electronically applied for various positions through the Employment Development Department. Most of his experience was in carpentry and he wanted to focus on this field, but he also had experience as a Warehouse Driver and ended up applying for a Warehouse Driver position.</p> <p>During a GROW site visit, his GCM informed Mr. B. about a Groundskeeper Training Program at the Veteran's Administration (VA). The GCM also provided Mr. B. with a list of the 50 most common employment interview questions to enhance his interview skills.</p> <p>A few weeks later, Mr. B told his GCM that he had been accepted to the VA Groundskeeper Training Program; he needed transportation and assistance with ancillary expenses. His GCM was very excited about Mr. B's success and issued transportation and ancillary payments.</p> <p>Mr. B did very well in his training and as his graduation date approached, Mr. B and his GCM looked forward to having the VA offer him a permanent position as a Groundskeeper.</p> <p>A couple of weeks later, Mr. B informed his GCM's office that he was hired permanently as a Groundskeeper by the VA, and would be earning \$14.50 per hour with full benefits.</p>

Note: New updates are underlined

GR RESTRUCTURING MASTER IMPLEMENTATION CHART

December 31, 2011

Attachment A

SUCCESS STORIES	
<p>Recommendation</p> <p>#12 – Provide GROW Services to Volunteers</p>	<p>Success Story</p> <p>When Mr. A applied for GR at the Rancho Park District, he was assessed as unemployable, during the GR intake process. Therefore, he was exempted from participation in the GROW Program. However, during a conversation with his Eligibility Worker (EW), he mentioned that he wanted to work and requested assistance with finding employment.</p> <p>His EW informed Mr. A about the new Volunteers for GROW Project, and with the assistance of the GROW Supervisor, Mr. A was expeditiously enrolled in the GROW Program.</p> <p>Mr. A was determined to find employment and under the guidance of his GCM, he started an intensive job search, which resulted in permanent full-time employment at the Panda Express restaurant.</p> <p>Mr. A is no longer on GR and stated that he is very happy with his new job. He is an excellent example of a self-motivated GROW participant who took advantage of our caring GROW team and the exceptional services they provide.</p>
<p>#12 – Enhanced Employment Services to GED Holder</p>	<p>Ms. C was 49 when she applied for GR. She had experienced a series of setbacks. Her car was stolen and she had lost her job as a hotel clerk. After exhausting her unemployment benefits, she could not find employment.</p> <p>Ms. C unsuccessfully applied for jobs at all the local fast food restaurants in the Los Angeles. She became frustrated because most employers preferred to hire applicants who have a <u>high school diploma or GED</u>. Ms. C dropped out of school when she was in the 10th grade and never returned.</p> <p>Ms. C told her GCM that she had lost her confidence and was certain no employer would hire her because she didn't have a <u>high school diploma or GED</u>. Her GCM told Ms. C about the GED component and Ms. C requested to be given the opportunity to earn her GED.</p> <p>Ms. C was aware that GROW only required 20 hours a week of participation in the GED component, but she chose to attend 35 hours a week. Six months later, after earning her GED, Ms. C was assigned to Intensive Case Management and found employment at Rite Aid and earns \$12.00 per hour.</p> <p style="text-align: center;">◆ -----◆</p> <p>Mr. H was a homeless veteran who was discouraged because a past felony conviction was preventing him from obtaining employment as a certified medical assistant. After attending several GROW workshops, Mr. H. opened his mind to alternative employment suggestions and feedback from his Fastrak instructor. As a result, he acted upon a job lead at a warehouse where he was offered a position as a forklift operator. After Mr. H told his Fastrak instructor about the job offer, the instructor requested a referral for Mr. H. to complete a forklift certification class, which was approved by his GROW Case Manager. Shortly after completing the class, Mr. H found permanent employment at Nec Logistics as a forklift operator and earns \$9.00 per hour.</p>

Note: New updates are underlined

GR RESTRUCTURING MASTER IMPLEMENTATION CHART
December 31, 2011

Attachment A

GROW PROJECTS
STATISTICAL INFORMATION
OCTOBER 2011 – DECEMBER 2011

PROJECT NO.	GROW POPULATION	GROW COMPONENTS			NUMBER COMPLETED IN REPORTING QUARTER	NUMBER PLACEMENTS IN REPORTING QUARTER
		NUMBER REFERRED IN REPORTING QUARTER	NUMBER ENROLLED DURING REPORTING QUARTER	NUMBER CURRENTLY PARTICIPATING (CUMULATIVE)		
<u>12.A</u>	<u>TAY</u>					
	Pathways to Success [Customized Job Club]	461	235	66	98	29
	Computer Application	18	12	4	6	6
	<u>MSARP</u>	173	173	213	56	21
<u>15</u>	<u>WIA COLLABORATION</u>	168	168	90	106	33
	<u>GED</u>	165	160	180	6	15
	<u>LITERACY</u>	102	102	111	26	25

PRIORITY POPULATION			
PROJECT NO.	GROUP	NUMBER ENROLLED	
<u>12.A</u>	<u>VETERANS</u>	322	N/A
<u>12.B/C</u>	<u>Volunteers</u>	36	N/A
<u>12.D</u>	<u>PROBATION TAY</u>	1073	N/A
<u>21</u>	<u>DCFS TAY</u>	69	N/A

GR Restructuring Quarterly Report – Dec 2011.doc Last update (3/12/12)

Note: New updates are underlined

**FEBRUARY 9, 2010 GR RESTRUCTURING BOARD LETTER
RECOMMENDATION #3**

Description	Proposed Plan Update
<p>Recommendation #3 instructed the CEO, the Director of Mental Health, Public Social Services, Health Services, and Public Health to develop a plan using existing resources to the extent available, to integrate services for GR participants who are severely mentally ill, receiving a GR housing subsidy, and pursuing SSI</p>	<p>As a result of the above recommendation, DMH has prioritized fifty (50) Full Service Partnership (FSP) slots for GR participants who are homeless and have a severe mental health need.</p> <p>Below is an update on the GR/FSP Project:</p> <p>Training DMH Clinicians co-located at the followings DPSS Offices have been trained to identify potential FSP participants.</p> <ul style="list-style-type: none"> • South Special • Metro Special • Rancho Park <p>Referrals GR participants are assessed by a DMH clinician who makes referrals to the DMH GR/FSP liaison.</p> <p>The GR/FSP Liaison coordinates referrals with the FSP Navigators. The FSP Navigators are responsible for outreach, engagement and enrollment of GR participants who are eligible to receive the array of FSP services, to include housing, mental health treatment and benefits establishment.</p> <p>Enrollment DMH began enrolling GR participants into the FSP slots earmarked for this population effective December 2011. To date, DMH has received 24 referrals from the DMH clinicians. These referrals are then reviewed to establish that the FSP criteria have been met. Following the review, only potentially eligible GR/FSP participants are referred to FSP Navigators for follow up and enrollment.</p> <p>Currently, it takes approximately five weeks for a participant who is referred to the FSP Program to be enrolled. It must be noted that the length of engagement will be different for each referral as it is client driven and an individualized approach to engagement occurs.</p> <p>In an effort to leverage funding and provide an array of services to this population, DPSS has committed to subsidize a portion of the housing services provided through FSP for this population. DPSS will fund each FSP slot, up to \$400 per month for 50 newly enrolled GR/FSP participants, for a period of 12 months for a total allocation of \$240,000 annually. With the GR/FSP Project, it is anticipated that these participants will be eligible for SSI benefits with available mental health treatment and housing resources. DPSS/DMH will establish a MOU with the details of the GR/FSP Pilot Project. It will include identification of GR participants, tracking and referral process. This MOU will detail the funding mechanism for this project.</p>